





## BURGH OF AIRDRIE

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Report by Medical Officer of Health for Year 1958



BURGH OF AIRDRIE

REPORT BY MEDICAL OFFICER OF HEALTH FOR YEAR 1958.



TO THE DEPARTMENT OF HEALTH FOR SCOTLAND

AND

TO THE PROVOST, MAGISTRATES AND TOWN COUNCILLORS  
OF THE BURGH OF AIRDRIE.

Ladies and Gentlemen,

I have the honour to present to you a report on the Health Administration of the Burgh during the year 1958.

This report is furnished in accordance with the request of the Secretary of State as authorised by Sections 79 and 87 of the Local Government (Scotland) Act, 1947.

In format it follows the suggestions made by the Department of Health in Circular No. 70/1956 and Circular No. 9/1959.

It is satisfactory to be able to record that throughout the year the health of the Burgh has been well maintained.

The year has passed without any major outbreak of infectious disease. Tuberculosis still remains a problem, but there are now indications of a more favourable trend. During the year Airdrie took part in the National Mass Radiography Campaign and a detailed account of this appears in the Report.

The arrangements for Poliomyelitis Vaccination which were inaugurated in 1956 were continued and extended.

The Day Nursery facilities were discontinued at the end of the year.

I take this opportunity of thanking the members of the Town Council for their confidence and support, my fellow-officials for the help and assistance which they have unfailingly given me at all times, and the staffs of the Health Department, Nursing Services and Hallcraig Day Nursery for their loyal and conscientious work throughout the year.

I am,

Your obedient servant,

ROBERT J. LUMSDEN  
M.B., CH.B., D.P.H.

Medical Officer of Health.

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## INDEX

	<u>Page</u>
List of Staff .....	1-2
General .....	3-4
Vital Statistics .....	5-9
Administration, co-ordination and joint use of staff .....	10-11
<u>Care of Expectant &amp; Nursing Mothers and Children under School age</u>	
(a) Expectant & Nursing Mothers .....	12-13
(b) Child Welfare .....	13
(c) Care of Premature Infants .....	13
(d) Supply of Welfare Foods etc .....	13-15
(e) Dental Care .....	15
(f) Day Nursery .....	15-16
(g) Ante-natal and Post-Natal Clinics .....	17
(h) Child Welfare Clinics .....	17
(i) Light Therapy Clinic .....	17
(j) Orthopaedic Clinic .....	17
(k) Physiotherapy Clinic .....	17-18
(l) Dental Clinic .....	18-22
(m) Maternal Mortality .....	23
(n) Infantile Mortality & Still-Births .....	24-28
<u>Domiciliary Midwifery</u>	
General and Statistics .....	29-35
<u>Health Visiting Service</u>	
General and Statistics .....	36-38
<u>Home Nursing Service</u>	
General and Statistics .....	39
<u>Domestic Help Service</u>	
General and Statistics .....	40
<u>Vaccination and Immunisation</u>	
General and Statistics .....	41-51
<u>Prevention of Illness, Care and After-care</u>	
(a) Tuberculosis .....	52-61
(b) Other Illnesses generally .....	62
(c) Convalescent Home Provision .....	62
(d) Care of Old People	
(i) Homes and Hostels .....	62
(ii) Hostels or similar accomodation .....	62
(iii) Housing on medical grounds .....	63
(iv) Home Helps .....	63
(v) Old People's Clubs .....	63
(vi) Charitable Bequests & Endowments .....	64
(vii) Airdrie Old People's Welfare Committee .....	64
(viii) Chiropody Service .....	64-65
(e) Prevention of Home Accidents .....	65
<u>Control of Infectious Diseases</u>	
(a) Notifiable .....	66-67
(b) Non-notifiable, scabies etc. ....	68
<u>Mental Health Service</u>	
General and Statistics .....	68-69
Nurseries & Child Minders Reg. Act, 1948 .....	69
School Health Service .....	69-70
Port Health Service / Food Supply .....	70
National Assistance Act .....	71
Nursing Homes Reg. (Scotland) Act, 1948 .....	71
Special Health Education Projects .....	72-73
Superannuation / School Crossing Patrols .....	74
D.H.S. Circular No. 101/50 .....	74
Milk & Dairies/Food & Drugs .....	74-76
Housing /Factory Act, 1937 .....	75
Mass Radiography Campaign Report .....	77-84





HEALTH DEPARTMENT.

LIST OF STAFF.

Medical Officer of Health

Robert J. Lumsden, M.B., Ch.B., D.P.H.

Superintending Nursing Officer

Miss E. Strong, R.G.N., R.F.N., S.C.M., Q.N., H.V.

Health Visitors

Miss M. McCallum, R.G.N., R.F.N., S.C.M., H.V.  
Miss K. McCann, R.G.N., R.F.N., S.C.M., H.V.  
Miss M. Gilmour, R.G.N., R.F.N., S.C.M., H.V. (Resigned 29.9.58).  
Miss I. Black, R.G.N., S.C.M., H.V.  
Miss M. Harvey, R.G.N., R.F.N., S.C.M., H.V.  
Mrs. A. Roche, R.G.N., S.C.M., H.V.

Tuberculosis & Infectious Diseases Nurses

Miss I. Bannerman, R.G.N., R.F.N., S.C.M., H.V.  
Mrs. A. Black, R.G.N., R.F.N., S.C.M., Q.N., H.V.

Trainee Health Visitors

Miss M. Cowan, R.G.N., S.C.M.  
Mrs. E. Moffat, R.F.N., R.G.N., S.C.M.

Home Nurses

Miss H. Brown, R.G.N., S.C.M., Q.N.  
Miss M. Mair, R.G.N., Q.N.  
Mrs. D. Scott, R.G.N., S.C.M. (Resigned 5.4.58)  
Miss A. Dankbaar (Netherland Qualifications in General  
Nursing, Midwifery and Health Visiting.  
Resigned 5.5.58).  
Miss J. Ballingall, R.G.N., S.C.M.  
Miss E. Scott, R.G.N. (Appointed 27.10.58).  
Miss C. Gray, R.G.N., S.C.M. (Appointed 6.11.58).

Authorised Officer & Welfare Officer (Home Help Service)

Daniel Scott.

Dental Officer

Miss M. Hinshelwood, L.D.S.

Dental Attendant

Miss M. Gardner.

Patron of Day Nursery

Miss C. Stark, R.G.N.

Clerical Staff/



Clerical Staff

Miss M. French - Secretary  
Miss J. McCutcheon  
Miss D. Wallace (Resigned 21.6.58)  
Miss I. Stangoe  
Miss A. Duncan (Appointed 16.5.58)

Midwifery Staff

See pages 29 - 30.



GENERAL

The Burgh of Airdrie was established by Act of Parliament in the year 1821 and its original boundaries have since then been further extended by additional legislation.

Its area at the end of 1950 was 2,068 acres. On May 10th, 1951, the Airdrie Provisional Order Confirmation Act, 1951, received the Royal Assent and the effect of this was to add a further 841 acres to the Burgh making the total area now 2,909 acres. The new area extends to the North, East and South of the previous boundaries and provides good additional sites for future development. The village of Moffat Mills is now included within the Burgh.

No. of inhabited houses (September, 1958)	-	9,129
Total rateable valuation (1958-59)	-	£262,124: 10: -

Water Supply

The water supply of the Burgh is furnished by the Airdrie, Coatbridge and District Water Board. This undertaking draws its supplies from upland sources, the catchment area extending to 3,550 acres. There are impounding reservoirs in the Parish of Shotts and on Eastside and Cowgill burns in the Parish of Lamington and Wandell.

There are also service reservoirs at Roughrigg, Moffat Mills and at Cowgill, Biggar.

In emergency extra water can be drawn from Dewshill Pit, Salsburgh and Lily Loch, Caldercruix.

There are slow sand filters at Roughrigg. During the war a chlorination plant was installed at Roughrigg and Cowgill and the supply has been treated since.

During 1952 a new microstraining plant was inaugurated at Roughrigg and the operation of this has been of satisfactory assistance in relieving the work of the slow sand filters.

The Daer Valley Water Scheme was officially opened by Her Majesty the Queen on October 16th, 1956, and since then the Water Board has received a supply of water from this source. The recurrent risk of shortage of water which has been a feature of several dry seasons in recent years can now be regarded as having been at last successfully obviated for the foreseeable future. As part of the undertaking a covered service reservoir was constructed at Dalnacouter on the northern boundary of the Burgh and distribution takes place from there.

Details of the Daer Water Scheme were given in the Report for 1956.

Recent analyses are given overleaf as an indication of the physical characteristics of the various water sources comprising Roughrigg, Cowgill and Daer.





### Representative Chemical Analyses

	<u>Daer</u>	<u>Roughrigg</u>	<u>Cowgill</u>
Mineral Matter (Pts/Million)	50.0	170.0	65.0
Organic Matter "	<u>Trace</u>	<u>10.0</u>	<u>85.0</u>
Total Solid Matter "	50.0	180.0	70.0
Nitrates as Na NO <sub>3</sub>	Trace	Trace	Trace
Free Ammonia "	.008	.032	.010
Albuminoid Ammonia "	.028	.094	.034
Total Ammonia "	<u>.036</u>	<u>.126</u>	<u>.044</u>
Temporary Hardness "	7.0	88.0	17.5
Permanent Hardness "	17.5	13.5	16.5
Total Hardness "	<u>24.5</u>	<u>101.5</u>	<u>34.0</u>
Colour	5	30.0	5
pH value	6.9	7.6	6.9

### Analysts comments

Daer The sample as received was free from suspended matter and was colourless. The analysis shows it to be a soft water with no detectable trace of animal matter or sewage, and accordingly it is suitable for drinking and other dietetic purposes.

Roughrigg The sample as received contained traces of suspended matter and had a slight brown colour. The analysis shows it to be a slightly hard water with no detectable trace of animal matter or sewage.

Cowgill The sample as received contained traces of suspended matter and was almost colourless. The analysis shows it to be a soft water with no detectable trace of animal matter or sewage.

### Sewage Disposal

The sewage disposal arrangements are of the most modern kind. After the usual preliminary treatment, the plant installed subjects sewage to a bio-aeration process with subsequent sludge digestion. The final product is dried in shallow lagoons and finds a sale as manure.

A large extension to the Sewage Works was completed in April, 1955. This was necessitated by the general growth and development of the Burgh.



VITAL STATISTICS - 1958

Population

The 1951 Census figure (8th April) gave the population as 30,647 and the mid year estimate for 1957 was 32,494.

The vital statistics supplied for this year are calculated on the Registrar General's mid year estimate of 32,800 an increase of 306.

Density of Population

In 1957 the density of population was 11.16 persons per acre.

The figure for 1958 is 11.27.

Natural Increase of Population

This is the excess of births over deaths. For the year it amounts to 353. Last year the figure was 369.

Births

The figures given are corrected for transfers

	<u>Numbers</u>	<u>Rate</u>
All live births	709	21.6 (per 1,000 of estimated pop.)
Illegitimate births	19	2.7 (per 100 live births).

Since the beginning of 1939 it has also been compulsory to register still-births. Of these 21 were so registered, equivalent to a still-birth rate of 29.0 per 1,000 total births.

For 1957 the birth rate was 21.4 and the still-birth rate was 18.0.

Marriages

The number registered was 330 equivalent to a marriage rate of 10.1 marriages per 1,000 of the total population, the figure for last year being 9.6.

Deaths

After allowing for transfers, the number of deaths registered during the year was 356, giving a corrected death rate of 10.9 per 1000 of the estimated population compared with 10.0 in 1957.

The death rate after adjusting it for the age and sex distribution of the local population and so making it generally comparable with the rest of Scotland, was 13.0 compared with last year's figure of 12.0.

Epidemic Death Rate

This is the death rate from the principal epidemic diseases (in Scotland, typhoid and paratyphoid fevers, cerebro-spinal fever, scarlet fever, whooping cough, diphtheria, influenza and measles) per 1,000 of the estimated population.

For/



For the year it was 0.00; last year it was 0.03.

### Infantile Mortality

This is the number of deaths of infants under 1 year of age expressed per 1,000 of all live births.

During the year the figure was 49 which compares unfavourably with last years figure of 24.

The rate for infant deaths occurring under the age of 4 weeks was 31 compared with 16 in the previous year.

The subject of Infantile Mortality is discussed more fully under the heading of Child Welfare, where figures for previous years are given for comparison.

### Principal Causes of Death

The chief certified causes of death as given by the Registrar General are as follows:-

Heart Disease and circulatory disease (other than cerebral) .....	138
Cancer and other malignant diseases .....	55 *
Cerebral Haemorrhage .....	46
Respiratory Tuberculosis .....	2
Congenital debility, Prematurity, Malformation etc. ....	21
Other diseases of early infancy .....	4
Pneumonia (Except of new born) .....	8
Bronchitis .....	13
Other Respiratory Disease .....	5
Ulcers of stomach and duodenum .....	2
Cirrhosis of liver .....	1
Diseases of Nervous System .....	7
Senility .....	2
Diabetes .....	4

There were 14 deaths from violence, including 3 road accidents and 7 suicides.

\* Ten deaths from malignant neoplasms of the respiratory tract all occurred in men aged 45-75. This is referred to in another section dealing with smoking and lung carcinoma.





PRINCIPAL CAUSES OF DEATH FOR 1952 - 1957 FOR COMPARISON

	Number of Deaths					
	1952	1953	1954	1955	1956	1957
Heart Disease etc.	122	110	140	125	150	118
Cancer and other malignant diseases	49	50	54	65	60	52
Cerebral Haemorrhage	46	43	40	40	40	53
Congenital debility, Prematurity, Malformation	12	11	14	9	9	10
Bronchitis	15	15	20	16	12	15
Pneumonia	8	8	10	10	10	13
Respiratory Tuberculosis	6	4	4	5	8	3



SYNOPSIS OF VITAL STATISTICS

1958 COMPARED WITH FIVE PREVIOUS YEARS

	1953	1954	1955	1956	1957	1958
Estimated Population	31,569	31,769	31,842	32,208	32,494	32,800
Natural Increase	334	282	293	300	369	353
Births (All live)	650	650	620	655	694	709
Illegitimate	21	18	18	15	19	19
Birth Rate	20.6	20.5	19.5	20.3	21.4	21.6
Illeg. Birth Rate	3.2	2.8	2.9	2.3	2.7	2.7
Still-Births	26	17	24	11	13	21
Still-Birth Rate	38	25	37	17	18	29
Marriages	280	327	302	330	313	330
Marriage Rate	8.9	10.3	9.5	10.2	9.6	10.1
Deaths	316	368	327	355	325	356
Death Rate (corrected)	10.0	11.6	10.3	11.0	10.0	10.9
Death Rate (adjusted)	12.0	13.9	12.3	13.2	12.0	13.0
Deaths from Epidemic Diseases	4	1	1	2	1	-
Epidemic Death Rate	0.13	0.03	0.03	0.06	0.03	0.00
Deaths from T.B. (all forms)	7	5	6	8	3	3
Death Rate	0.22	0.16	0.19	0.25	0.09	0.09
Deaths from Pul. T.B.	4	4	5	8	3	2
Pul. T.B. Death Rate	0.13	0.13	0.16	0.25	0.09	0.06
Deaths of Infants under 1 year	30	24	22	16	17	35
Infantile Mortality Rate	46	37	35	24	24	49
Maternal Deaths	2	0	1	0	0	1
Maternal Mortality Rate	3.07	0.00	1.6	0.00	0.00	1.4

For additional notes see next page.



NOTES

Population estimates are supplied by the Registrar General.

The various rates are calculated as follows:-

Birth Rate	- number of live births per 1,000 of estimated total population.
Illegitimate Birth Rate	- number of illegitimate births per 100 live births.
Still-Birth Rate	- number of still-births per 1,000 total births (including still-births).
Marriage Rate	- number of marriages per 1,000 of total population.
Death Rate (corrected)	- number of deaths per 1,000 of estimated total population. For war years per 1,000 of estimated civil population.
Death Rate (adjusted)	- this is an index of the number of deaths per 1,000 which might have been expected to occur had the age and sex constitution of the Burgh's population been the same as for the whole of Scotland.
Infantile Mortality Rate	- the number of deaths of children under 1 year per 1,000 live births.
Maternal Mortality Rate	- the number of maternal deaths per 1,000 live births.





## A. Local Health Authority Functions

### General Administration:

The functions of the local health authority are administered by the Health Committee to which the Medical Officer of Health and the Sanitary Inspector are severally responsible for various aspects of the composite services.

Details of the Sanitary Inspector's activities are dealt with in his own separate report.

The Medical Officer of Health is now mainly concerned with administering the services which are the responsibility of the local authority under the provisions of the National Health Service (Scotland) Act, 1947. Minor duties under other enactments are referred to in the body of the report.

The various nursing services are under the immediate control of a Superintending Nursing Officer who is responsible to the Medical Officer of Health.

These nursing services comprise:-

- (a) Health Visitors - a staff of 7 health visitors carry out the routine work of maternal and child care including domiciliary visitation and the staffing of various clinics.
- (b) Tuberculosis and infectious disease nurses - two nurses are employed on these duties. Both are qualified health visitors. The nurses do domiciliary visitation and assist at the tuberculosis diagnostic and treatment clinics run by the Hospital Authorities.
- (c) Domiciliary midwives - a staff of five domiciliary midwives live together in a house provided and run by the local health authority and from there they carry out all the domiciliary midwifery in the Burgh. There are now no part-time midwives and none in private practice.
- (d) District nurses - there are five nurses carrying out home nursing duties. These nurses are not direct employees of the health authority but are provided by Airdrie & District Nursing Association under a suitable financial arrangement with the authority.

The Medical Officer of Health also controls a Dental Clinic service staffed by a qualified dentist and a dental attendant.

There is an office staff of four persons.

The Clinical Tuberculosis Officer, who is employed by the Hospital Authority, formerly had an office in the same building as the Health Department with a personal clerkess. Records were held in common and there was thus very close co-ordination of the clinical and administrative sides of tuberculosis control.

This/



This arrangement terminated in 1957, new clinic and clerical facilities having been provided in the Out-patient extension to Alexander Hospital Coatbridge. The Tuberculosis Nurses, however, continue to attend the Clinics and the clerical liaison has been well-maintained.

The Home Help Service, while normally under the control of the Medical Officer of Health, is administered from day to day by the Welfare Officer with the advice, and assistance of the Superintending Nursing Officer and her Health Visitor Staff.

There is a Day Nursery with a Matron directly responsible to the Medical Officer of Health, but the Authority decided that this should be closed at the end of the year.

A detailed list of staff is given at the beginning of this Report.





1. Care of Expectant & Nursing Mothers and Children under School Age. (N.H.S. (S) A.1947, Sect. 26)

(a) Expectant & Nursing Mothers

A weekly ante-natal clinic is held in the local authority's premises at Wellwynd. The medical staffing is by a specialist obstetric officer generally of registrar grade supplied by Bellshill Hospital. The nursing staff is provided in rotation from the Health Visitor staff. The patients who attend are either those booked for hospital confinements or are domiciliary cases sent by their own doctors for consultations.

The fullest clinical supervision is available including routine blood tests. Specimens are examined at the Regional Laboratory in Hamilton and at the laboratory of the Blood Transfusion Service now situated in Law Hospital Carluke. This clinic has developed rapidly and although the accommodation was enlarged during 1954 by the provision of additional waiting room accommodation, undressing cubicles and an additional consulting room, it is still inadequate for the number of persons attending.

Special consideration is always given to unmarried mothers in the way of admission to hospital and other assistance and advice is always freely available. Post-natal examinations are generally carried out at the hospital.

Nursing mothers receive advice at the Child Welfare Clinics (see below) and advice in Mothercraft is given by the Health Visitors either to individuals or to small groups. A film projector is available and a suitable library of film strips is being built up to improve the teaching facilities.

Maternity Outfits, to the Department of Health specifications, are supplied free of charge to all mothers having a home confinement.

The domiciliary midwives carry out routine ante-natal visits to their booked cases and in addition a weekly nurses' clinic is held where mothers attend and receive instruction regarding their general welfare and where they are also familiarised with the analgesic apparatus available to all the midwives.

At the beginning of 1955 we were asked by the Local Medical Committee to make arrangements to facilitate the examination of blood specimens taken by private practitioners from patients who had elected to have their confinement at home. This was done and the facilities were made available from 1st April of that year.

In the first 9 months of the scheme 44% of mothers had specimens sent for examination.

For 1956 the figure was 36% and for 1957, 20.5%.

This year there were 277 cases who booked a doctor for a domiciliary confinement together with 170 who were confined in Airdrie House under the supervision of their own doctor making a total of 447 mothers for whose ante-natal care general practitioners were responsible.

In 1958 207 specimens were submitted representing 46.3%.

This/





This result is more than twice that of the previous year and there is now more general appreciation of the value and indeed necessity of this investigation but we cannot be satisfied until it forms a part of every mother's ante-natal care.

The results of these tests were as follows:-

Total Specimens	207	100%
Blood Group A	74	35.8%
Blood Group B	22	10.6%
Blood Group AB	5	2.4%
Blood Group O	106	51.2%
Rh factor +	163	78.7%
Rh factor -	44	21.3%
Rh antibodies	1	--

The percentage of Rh- persons in the general population is generally accepted as being about 15% so that our figure is a high one but it may reflect some measure of selection in the cases from whom samples were submitted.

#### (b) Child Welfare

There is now one main child welfare clinic held on Wednesday and Thursday afternoons each week at Wellwynd and two subsidiary or peripheral clinics. One of the latter, at Arranview Children's Home, serves the northern part of the town and opens on Wednesday afternoons. The other is now held in a new Clinic at Cragneuk on Wednesday afternoons. This was opened early in 1957 in the east of the town where housing development is at present greatest.

Medical consultation is available two afternoons each month at the main clinic and one afternoon a month at each of the branch Clinics. Vaccination and diphtheria immunisation are also available on these days.

Cases from these clinics can be referred to any required specialist if the family doctor approves.

Heliotherapy services are provided by the Local Authority in Wellwynd premises.

So far there has been no request by practitioners for assistance at their own clinics.

#### (c) Care of Premature Infants

The Health Visitors devote special attention to premature infants being reared in their own homes. Where necessary daily visits are paid and equipment loaned. It is sometimes possible to have premature infants admitted from the district to Bellshill Hospital nursery but the accommodation there is limited. A new Maternity Hospital is now under construction at Bellshill to replace the present facilities and this will ultimately provide more extensive provision for these cases.



(d) Supply of Welfare Foods and Similar Products

During 1954 the Ministry of Food discontinued the war-time arrangements for the supply of Welfare Foods and the responsibility for issuing these was placed on the local health authorities

After some discussions of alternative methods of carrying out the work, it was finally decided that issues should be made from our Welfare Department under the control of the Welfare Officer.

The premises of the Welfare Department are on the ground floor of the Health Department offices and a spare room there was readily adapted to provide a store room and counter accommodation. The additional work necessitated the engagement of one extra junior clerkess. These arrangements continued during 1958 and have been acceptable to the public.

We have also continued the previous arrangements by which dried milks and other nutrients are issued at our clinics for the use of the children who require them on medical grounds. These, however are retailed at cost price.

Uptake of Welfare Foods

The following are available to the classes of applicant indicated:-

Cod Liver Oil (6oz. bottles)

Children aged 0-5 years	- 1 bottle per 6 weeks.
-------------------------	-------------------------

Orange Juice (6oz. bottles)

Children aged 0-2 years	- under 6 months, 1 bottle per 4 weeks, over 6 months, 1 bottle per 2 weeks.
Expectant Mothers	- 1 bottle per 9 days.

Vitamin Tablets (packets of 45)

Expectant mothers and nursing mothers	- 1 packet per 6 weeks.
--	-------------------------

National Dried Milk (20oz. = 7 pints liquid milk)

Children aged 0-2 years	- 1 tin per week and supplements amount- ing to 31 tins during 1st year.
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Details of actual uptake are given in the table on next page. The demand for all products has fallen substantially since last year.





UPTAKE

	Approx. no. of persons eligible	Approx. maximum demand (Units of issue)	Actual demand (units of issue)	Percentage Uptake 1957.	Percentage Uptake 1958.
Cod Liver Oil	3,237	28,160	2,868	16.7%	10.2%
Orange Juice	3,946	101,850	12,294	22.2%	12.1%
Vitamin Tablets	730	4,380	1,015	29.1%	23.2%
National Dried Milk	1,284	86,670	13,311	27.3%	15.4%

(e) Dental Care

The health authority provides a complete dental service for the priority classes. There is at Wellwynd a well-equipped dental surgery, staffed by a fully-qualified dental surgeon and a dental attendant.

A practitioner who specialises in dental anaesthesia attends as required and is remunerated on a sessional basis. Nursing assistance to patients undergoing general anaesthesia is provided by the Health Visitors in rotation.

(f) Day Nursery

The premises at Hallcraig House which were opened as a War-Time Nursery on December 22nd, 1942, continued to operate during the year.

The original purpose of the Nursery was to look after the young children of mothers who were in employment because of the national emergency.

At the end of the War the service was continued in order to provide for the children of mothers who still had to continue at work because of their own social circumstances. After this need had been served any spare places were made available for children from other families without the qualification of any special need.

Originally about 60% of the children were admitted because of circumstances of genuine priority but by 1945 this proportion had fallen by about half and from then onwards the priority class of child seldom formed more than about 1/3 of the total roll.

With rising costs the Nursery became increasingly more expensive to run and the Town Council reluctantly came to the conclusion that the expenditure incurred was unjustified having regard to the very limited numbers of priority children who were being accommodated and to the fact that the charges made for other children who were not really in need of subsidised help represented only a small proportion of the cost of maintaining them.

It/





It was these considerations therefore, which led the Town Council to decide to close the Nursery at the end of 1958 and this was done. It may be of interest to place on record a brief summary of the financial facts relating to the maintenance of the Nursery.

Up to the year 1944-45 expenditure on Day Nurseries was wholly re-imbursable from the Exchequer. In that year the total expenditure was £2,150. In the following year the expenditure ranked for the normal 50% grant for health services and the net cost to the Burgh became £1,200. With rising costs expenditure rose year by year and in 1956-57 the net figure after allowing for receipts and grant was about £2,700.

In later years the numbers of priority children assisted were only about 10 to 12.

Day Nursery Statistics 1958.

Number of approved places

0-2 years .....	15
2-5 years .....	35

Number of children on register at end of year:

0-2 years .....	2
2-5 years .....	14

Average daily attendance during the year:

0-2 years .....	10
2-5 years .....	20



### Details of Attendances

#### Ante-natal and Post-natal Clinics

- (a) No. of local authority clinics provided at end of year ..... 1
- (b) No. of women attending during the year ..... 459 \*
- (c) Total attendance during year ..... 3,180 \*
- (\* The figures include 160 County residents who made 988 attendances.)

The clinic held 52 sessions the average attendance thus being 61.

#### Child Welfare Clinics

- (a) No. of local authority clinics provided at end of year ..... 3
- (b) No. of children attending under 1 year ..... 729  
over 1 year ..... 176
- (c) Total attendances under 1 year ..... 7,442  
over 1 year ..... 1,669
- (d) No. of clinics provided by voluntary organisations ..... Nil.

The clinic held 103 sessions the average attendance thus being 89.

#### Special Sessions for Immunisation Work

At Schools	.....	23
At Clinics	.....	38
Total	.....	61

#### Light Therapy Clinic

- (a) Total number of new patients attending during year .. 16.
- (b) Total number of attendances during year ..... 169.

#### Orthopaedic Clinic

In 1957, this clinic was transferred to the new Out Patient Department at Alexander Hospital, Coatbridge.

#### Physiotherapy Clinic

The patients attending the Orthopaedic Clinic in previous years were normally sent to Alexander Hospital, Coatbridge, for any necessary treatment by physiotherapy. The facilities there, however, became overloaded and at the end of 1953 we were asked to lend accommodation for some of this work, so far as it related to Airdrie Patients.

During 1958 two sessions were held each week from January to July inclusive in the Wellwynd premises, all the treatment being given by physiotherapists employed by the Coatbridge, Airdrie & District Hospital Board. Miss Parker, The Senior Physiotherapist reports that during these 7 months 95 patients made 597 attendances and that the facilities which we provided had been of considerable help. The total number of treatments given was 2,458 of which the/



the details were:-

Infra-red radiation	574	Massage	105
Exercises	521		

Staffing difficulties necessitated the curtailment of this local service during the latter part of the year, the work being concentrated in Alexander Hospital but it was restarted in January, 1959.

#### DENTAL CLINIC

The Dental Clinic, providing priority dental services to mothers and young children continued to function satisfactorily during the year.

At the end of 1956 we were asked by Hamilton Town Council whether we could help with the priority dental service for that Burgh by lending the services of the Dentist and Dental Assistant. After an examination of the position it was decided that this could be done, at least meanwhile, to the extent of two  $\frac{1}{2}$  day sessions per week, without our own service suffering. An arrangement to this effect was therefore put into force in January, 1957, and has continued since then. Suitable financial adjustment has been made by which Hamilton pay an appropriate proportion of the salaries and also travelling expenses.

It may not be possible to continue this arrangement indefinitely because the help which we are able to give is insufficient for the growing Hamilton demand, while at the same time the amount of our own work has again expanded during the year despite the reduction in the sessions exclusively devoted to it.

Miss Margaret Hinshelwood L.D.S. has provided the following statements of work done at our own Dental Clinic and at Hamilton. (see over)





AIRDRIE DENTAL CLINIC

Scheme	Total No. of Patients		Attend- ances for treat- ment	Extractions				Dentures					Fillings		Other con- serva- tive treat- ment
	Male	Female		Anaes. Local	Teeth	Anaes. General	Teeth	Upper or Lower	Upper & Lower	Partial	Remake	Repair	Teeth Temp.	Teeth Perm.	
Expectant & Nursing Mothers	-	395	1,378	169	410	45	590	36	65	38	-	14	-	707	515
Pre-School Children	95	88	235	13	17	45	147	-	-	-	-	-	245	-	9
Total	95	483	1,613	182	427	90	737	36	65	38	-	14	245	707	524



HAMILTON DENTAL CLINIC

Scheme	Total No. of Patients		Attend- ances for treat- ment	Extractions				Dentures					Fillings		Other con- serva- tive treat- ment
	Male.	Female.		Anaes. Local	Teeth	Anaes. General	Teeth	Upper or Lower	Upper & Lower	Partial	Remake	Repair	Teeth Temp.	Teeth Perm.	
Expectant & Nursing Mothers	-	107	411	55	112	19	368	17	31	20	-	-	-	173	146
Pre-School Children	9	12	18	2	-	9	39	-	-	-	-	-	6	-	-
Total	9	119	429	55	112	28	407	17	31	20	-	-	6	173	146



The provision of a priority dental service for these classes of patient is an extremely important part of a Maternity and Child Welfare Scheme.

Sound nutrition is essential to the well-being of the pregnant patient and lactating mother, and one of the factors contributing towards this end is undoubtedly the possession of an efficient and healthy dentition. Similarly in the young child supervision and conservation of the primary teeth ensures that the permanent teeth develop satisfactorily.

Dental treatment, especially of a conservative nature, is a time-consuming proceeding and this is particularly true in dealing with young children whose confidence can only be secured by a patient and painstaking approach. These are the considerations which make it difficult for an adequate service to be provided except by a local authority officer specialising in this particular type of work.

The dental profession as a whole is at present so understaffed and overworked that it cannot provide for these priority classes the standard and frequency of attention which they require.

The position over the next few years is likely to grow worse instead of better, and local authority dental services will increase proportionately in essential importance.

At the moment there are 16,000 dentists on the Dental Register. Of these 11,500 are in general practice and 2,100 work for local authorities, hospitals, Universities and the Armed Forces. The remainder are already retired or living abroad. On 5th July, 1958 after ten years of the National Health Service all dentists over the age of 65 qualified for full retirement pension and may retire from practice. These constitute about 1/5 of the profession.

Dentistry in fact is an elderly profession and this is a direct result of the Dental Act of 1921 whereby unqualified men who had been in practice for more than five years were admitted to the Register. Eight thousand entered the profession in this way and it is these men, together with those whose training was delayed by the First World War, who are likely to cause the problem of the immediate future.

There is no easy way to counter this decline because the 15 dental schools in the United Kingdom can train only 650 students per year and the McNair Committee on Recruitment to the Dental Profession stated that "it will be necessary for the schools as soon as possible to take in 1,000 students each year".

As it takes five years to train a dentist an expansion of the training facilities cannot show results for at least that time. The shortage of dentists is thus likely to grow rapidly and already there is only one dentist to every 3,400 of the population.

This situation leads point to the consideration of any measures which promise a reduced incidence of dental decay. Evidence continues to accumulate that fluoridation of public water supplies is such a measure, and the outcome of pilot experiments now proceeding in Kilmarnock and elsewhere is awaited with interest.

There was published during 1957 the "Report of the Commission of Inquiry on the Fluoridation of Public Water Supplies" held/





held in New Zealand by order of His Excellency the Governor-General. The findings of this Commission upheld the efficacy, safety and desirability of the proposed procedure and provides a very full and factual discussion of all the relevant considerations.



MATERNAL MORTALITY

There was one maternal death during the year.

Figures for the last ten years are given below.

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Maternal Deaths	0	0	0	1	2	0	1	0	0	1
Maternal Mortality Rate per 1,000 live births	0.00	0.00	0.00	1.6	3.07	0.00	1.6	0.00	0.00	1.40

PUERPERAL FEVER AND PUERPERAL PYREXIA

There was one notification of each of these conditions.



INFANTILE MORTALITY

The infantile mortality rate for 1958 was disappointingly high. There were thirty-five deaths of infants under one year of age which gave a rate of 49 per 1,000 live births. In the previous year the figure of 24 was equal to our previous low record first reached in 1956. The 1958 Scottish rate was 28.

The still-birth rate showed a similar change. For 1958 it was 29 compared with 18 in the previous year. The national average was 23.

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INFANTILE MORTALITY RATES

Rates for ages 0-12 months.

Year	Airdrie	All Scotland	Year	Airdrie	All Scotland
1939	82	69	1949	38	41
1940	116	78	1950	50	39
1941	80	83	1951	54	37
1942	71	69	1952	38	35
1943	75	65	1953	46	31
1944	79	65	1954	37	31
1945	73	66	1955	35	30
1946	47	54	1956	24	29
1947	34	56	1957	24	29
1948	58	45	1958	49	28





Neo-natal mortality

This relates to the deaths of infants (included in the total infantile mortality) who died within 4 weeks of birth. It is useful to have these recorded separately because the causes are more related to the hazards and accidents of pregnancy and childbirth rather than to what happens to the infant later in its life. Since 1952 the figures for neo-natal mortality have been supplied separately by the Registrar General.

Rates for ages 0 - 1 month

Year	No. of Deaths	Rate per 1,000 live births
1952	11	18
1953	18	28
1954	16	25
1955	11	18
1956	9	14
1957	11	16
1958	22	31



Infantile Mortality - Detailed list of causes of death

The actual causes, as certified, of the 35 infant deaths which occurred during the year were as follows:-

0 - 1 month old - 22 deaths

*Sex not stated	1 day old	Prematurity: atelectasis.
*Male	1 day old	Prematurity: atelectasis.
*Female	2 days old	Prematurity: pulmonary haemorrhage.
Male	1 day old	Congenital debility without prematurity.
*Sex not stated	1 hour old	Prematurity: atelectasis.
Male	$\frac{1}{2}$ hour old	Congenital malformation.
*Female	16 hours old	Prematurity: atelectasis.
*Male	2 hours old	Hydrocephalus.
*Male	4 days old	Meningitis.
*Male	4 hours old	Intra-partum asphyxia.
*Male	1 day old	Prematurity: partial atelectasis.
*Female	12 hours old	Prematurity: inter-ventricular septal defect.
Male	1 day old	Cerebral birth trauma.
*Male	$\frac{1}{2}$ hour old	Atelectasis: congenital cardiac defects.
*Female	10 minutes old	Spina bifida: meningocele: hydrocephalus.
*Female	5 hours old	Prematurity: atelectasis: cerebral haemorrhage.
*Male	3 days old.	Endocardial fibro-elastosis cardiac failure.
*Female	22 hours old	Prematurity: atelectasis.
Male	13 hours old	Atelectasis.
*Male	2 days old	Prematurity: atelectasis.
*Female	22 hours old	Erythroblastosis foetalis: acute pulmonary oedema.
*Male	1 hour old	Prematurity.

1 - 12 months old - 13 deaths.

Female	11 months old	Hydrocephalus: meningocele.
*Female	2 months old	Acute-broncho-pneumonia.
Male	3 months old	Accidental suffocation from regurgitation of milk.
*Female	5 months old	Acute gastro-enteritis.
Male	3 months old	Acute gastro-enteritis.
*Male	1 month old	Methaemoglobinaemia.
*Female	1 month old	Prematurity: congestive cardiac failure.
*Female	6 months old	Fibro-elastosis of heart: cardiac failure.
*Female	7 months old	Abdominal tumour: broncho-pneumonia.
*Female	5 months old	Microcephaly: cerebral softening.
*Female	2 months old	Intestinal obstruction: peritonitis.
Male	8 months old	Acute broncho-pneumonia.
Male	11 months old	Accidental suffocation.

\* indicates that child was in hospital at time of death.



A study of the these tables shows very clearly the causes responsible for the adverse experience of 1958. Two-thirds of all the deaths occurred during the neo-natal period and practically all were due either to prematurity or to congenital defects. All but four children were in hospital and under the best possible conditions so that it can be fairly assumed that hardly any could have been saved in the present state of our obstetrical and paediatric knowledge.

In the post neo-natal period there were also six deaths from causes similar to the earlier group leaving seven which were due to causes which might possibly have been avoided. These seven cases included two instances of accidental suffocation, 2 cases of broncho-pneumonia, 2 cases of gastro-enteritis and one abdominal emergency.

In 1956 and 1957 our infantile mortality rate at 24 for each year was the lowest ever recorded for the Burgh and we have to look back to 1951 to find a rate of 54 which is in excess of this year's figure of 49.

As stated in the introductory paragraph this is undoubtedly a disappointing outcome for the year and has prompted this detailed survey of the deaths.

When only small numbers of cases are involved one must expect some fluctuation in the annual results. It can however, be fairly said that the rise this year does not appear to be due to causes which in the present state of our knowledge could have been averted in any way.





# Still-Birth Rates

Still-births were first registered in 1939 and the table below gives the rate for Airdrie and all Scotland in every year since then.

The rates are expressed as "per 1,000 total births including still-births".

## Still-Birth Statistics

Year	Number of Still-Births	Still-Birth Rates	
	Airdrie	Airdrie	All Scotland
1939	29	45	42
1940	32	53	42
1941	17	27	39
1942	23	36	38
1943	24	33	36
1944	19	28	32
1945	19	32	33
1946	27	37	32
1947	40	51	31
1948	20	29	29
1949	15	21	27
1950	19	33	27
1951	16	24	27
1952	24	38	26
1953	26	38	25
1954	17	25	25
1955	24	37	25
1956	11	17	24
1957	13	18	24
1958	21	29	23



## 2. Domiciliary Midwifery (N.H.S.(S)A. 1947 Sect. 23)

In accordance with the provisions of the Maternity Services Act of 1937, the Burgh of Airdrie formulated a scheme to provide a comprehensive domiciliary midwifery service and after it had received the approval of the Department of Health for Scotland, the Scheme came into operation on January 1st, 1940.

In subsequent years the service gradually developed until by 1947, 5 full-time midwives were in the employment of the Town Council and they, together, were responsible for carrying out by far the greater proportion of the domiciliary midwifery work of the town.

A house "Oakbank", Clark Street, Airdrie, was purchased in 1945 and since then it has been maintained as a residential home for the midwives. Each nurse has her own bed-sitting room and there is also a lounge and dining room for common use. A domestic staff of two assists in the running of the Home.

This was the position at the beginning of 1948 and work continued on the same lines as before until July 5th.

At that date the duty to provide a service of this kind ceased to be in respect of the old Maternity Services (Scotland) Act, 1937 which was partly repealed and was instead placed on the local authority by Sect. 23 of the new National Health Service (Scotland) Act of 1947.

No outward change, however, resulted and for the remainder of the year the service continued exactly as before.

The problem of transport for midwives was referred to in a previous report and it was explained that during the day they travelled by 'bus tram or bicycle, and that at night they were allowed to hire a taxi when distance or urgency suggested the need for doing so.

They were also authorised to engage a taxi for the transport of the gas-air apparatus.

Nevertheless with the growing size of the town it is undoubtedly true that dependence on public or specially hired transport means that a much greater proportion of a nurse's time, than formerly, is now devoted to travelling rather than to carrying out her nursing duties. The wide separation of individual districts also leads to difficulties in one nurse relieving another when there are staff shortages for any reason.

The amount of work remains much the same but it now takes much longer to do it because of the dispersal of the population. Clearly this is a situation which should be met, not by engaging more staff, but by increasing the mobility of the existing staff. The Town Council during the year in recognising this situation agreed to pay car allowances to two of the nurses who had their own cars and this has been of great help in maintaining an adequate and flexible service.

All the nurses now employed are qualified to administer gas-air analgesia. A majority are now also qualified to administer tralene and we hope to obtain the necessary apparatus and make this facility available in due course when all our staff are trained. The Local Medical Committee has indicated approval of this development.

It has become increasingly difficult to engage trained midwives/





midwives when vacancies arise and the prospect of a serious shortage of staff has been a source of continual anxiety during the year. Nurses are also increasingly reluctant to stay in institutional premises. We therefore, now have two living in their own homes and this introduces other difficulties over communications and transport.

One hundred and eleven cases had nitrous oxide during the year. Pethidine was also extensively employed on the instructions of the medical practitioner attending. It was given in 100 confinements.

Non-medical supervision is carried out by the Superintending Nursing Officer who consults the Medical Officer of Health in any difficulty. There are no private practising midwives resident in the area.

In addition to routine ante-natal visits in the patients' own home, we also hold a weekly clinic where the midwives can see their patients in more convenient surroundings and where they can give them practical instruction in the use of the gas-air apparatus and in various aspects of mothercraft.

Mothers who are unable to have their confinement at home because of social reasons are referred to the ante-natal clinic with a recommendation for hospital admission. Bellshill Hospital admissions are now controlled so as to ensure that such cases have special consideration.

By arrangement with Bellshill Hospital, pupil midwives are given opportunities to participate in the work of the area.

Midwifery Staff at end of year

Nurse A. Gilfillan, R.G.N., R.F.N., S.C.M.

Nurse M. Gilmartin, R.G.N., S.C.M.

Nurse A. Brown, R.G.N., R.F.N., S.C.M.

Nurse M. Duffy, R.G.N., S.C.M. (Resigned 28.2.58).

Nurse E. Moffat, R.G.N., R.F.N., S.C.M. (Appointed to Health  
Visitor Staff 31.12.58).

Nurse R. Davis, R.G.N., S.C.M. (Appointed 1.4.58).

Nurse E.R. McFadzean, R.G.N., R.F.N., S.C.M. (Appointed 6.11.58).





Midwifery Statistics

(1) Total no. of births occurring in the area during the year (before correction for mother's residence).

Live births - 628      Still-births - 8      Total - 634.

(2) Total no. of births in (1) occurring in institutions - 356.

(3) Total no. of births in (1) occurring at home - 278.

	Cases dealt with under Sect. 23 (2) of the National Health Service (Scotland) Act, 1947			Other Domiciliary Cases			Total
	Doctor engaged & present at confinement	Doctor engaged & not present at confinement	Midwife alone (no doctor engaged)	Doctor engaged	Midwife alone no doctor engaged	Without doctor or midwife	
Midwives employed by the authority (including those on a fee-per-case basis).	16	261	-	1	-	-	278
Midwives employed by Voluntary Organisations	-	-	-	-	-	-	-
Midwives employed by Hospital Boards of Management	-	-	-	-	-	-	-
Private practising midwives	-	-	-	-	-	-	-
Totals	16	261	-	1	-	-	278



Medical Aid

- (a) No. of cases in which medical aid was summoned during the year under Section 22(1) of the Midwives (Scotland) Act, 1915, by a Midwife.
- |                                      |   |   |           |
|--------------------------------------|---|---|-----------|
| (i) for Domiciliary Cases (unbooked) | - | 0 | Total - 0 |
| (ii) for Institutional Cases         | - | 0 |           |
- (b) No. of cases in which medical aid was summoned during the year for cases where the medical practitioner had agreed to provide maternity medical services under the National Health Service ..... 16.

Administration of Analgesics

- (a) No. of midwives in practice in the area qualified to administer Analgesics in accordance with the requirements of the Central Midwives Board for Scotland.
- |                      |   |   |            |
|----------------------|---|---|------------|
| (i) Domiciliary      | - | 5 | Total - 7. |
| (ii) In Institutions | - | 2 |            |
- (b) No. of domiciliary midwives who received their training during the year ..... Nil.
- (c) No. of sets of Apparatus for the administration of Analgesics in use at 31st December, 1958, by Domiciliary Midwives employed by the Authority or employed by voluntary organisations in the Authority's area ..... 3.
- (d) No. on order at 31st December, 1958 .... Nil.
- (e) No. of cases in which Analgesics were administered by Midwives in domiciliary practice during the year ..... 111.
- (f) No. of cars in use by midwives at 31st December, 1953 ..... 1.
- (g) No. of cases in which pethidine was administered by midwives in domiciliary practice during the year. (Only given on direct instructions of medical practitioner) ..... 100.

Gas-Air Analgesia.

Doctor not present	104.
Doctor present	7.

Pethidine Administered.

Doctor not present	96.
Doctor present	6.



MIDWIVES (SCOTLAND) ACT, 1915  
STATISTICS OF BIRTHS OCCURRING IN BURGH DURING 1958  
Statutory Report in terms of Sect. 23 of the Act

ITEM	Total (i.e. all cases occurring in area)	Domiciliary cases under Sect. 23(2) of the National Health Service (Scotland) Act, 1947				Cases attended by midwives in Airdrie House		Cases not attended by either doctor or midwife	Cases attended by private nurse or doctor
		Doctor engaged & present at con- finement	Doctor engaged & not present at con- finement	Midwife alone (no doctor engaged.)		From Airdrie	From Coat- bridge or else- where		
Births (including still-births)	634	16	261	-		170	186	-	1
Deaths of new born children within 14 days of birth	-	-	-	-		-	-	-	-
Still-Births	8	1	5	-		2	-	-	-
Cases of Ophthalmia Neonatorum	-	-	-	-		-	-	-	-
Puerperal Sepsis Cases Deaths	- -	- -	- -	- -		- -	- -	- -	- -
Puerperal Pyrexia Cases Deaths	- -	- -	- -	- -		- -	- -	- -	- -





Cases of Emergency under Section 22 of the Midwives  
(Scotland) Act, 1915

Nil.

Midwives in Area - Notifications Received of Intention to  
Practice

Year	Resident in Airdrie	Resident outwith Airdrie
1945	10	4
1946	7	7
1947	10	7
1948	7	5
1949	8	4
1950	12	4
1951	13	3
1952	10	1
1953	16	1
1954	16	1
1955	10	-
1956	8	1
1957	13	1
1958	12	-

General Report on the Working of the Acts.

The general working of the Acts is satisfactory. There do not appear to be any points calling for special comment.



MATERNITY HOSPITAL ADMISSIONS - 1958

Airdrie Cases only

Type of Case	Airdrie House	Calderbank House	Bells-hill	Rotten-row	William Smellie Hospital	Private
Emergency						
(a) Scheme	-	-	14	-	-	-
(b) Non-Scheme	-	-	-	-	-	-
Pre-arranged admission	272	44	182	1	41	4
Totals	272	44	196	1	41	4

Glasgow Royal Infirmary ..... 2

Ayr County Hospital ..... 1

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3

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The total of the institutional cases was thus 558 representing 76% of all births (emergencies excluded).

Ten years ago, in 1948, the proportion of hospital confinements was only 36%.

Last year, the comparable figures for 1957 and 1947 were given as 57% and 33% respectively and it was pointed out that they represented a growing preference on the part of mothers to have their babies in hospital.

It is clear that this trend continues at an accelerated rate.



### 3. Health Visiting Service (N.H.S.(S)A. 1947 Sect. 24)

During 1957 authority was given to increase our Health Visitor Staff by one, bringing the number now employed to seven.

Various factors contributed to the need for this additional assistance. The town continues to grow and the population is being increasingly dispersed to new housing areas. The routine work of the past thus takes much longer to do, but at the same time the duties of health visitors are being continually expanded. The care and supervision of the aged, the prevention of break-up of families, the prevention and investigation of home accidents, the care of handicapped children, additional work in connection with poliomyelitis vaccination, the inauguration of several new schools - all those considerations lead to an ever-growing need for Health Visitor Services if the facilities provided by the Health Department are to be kept in tune with what is now felt to be necessary or desirable in a modern community.

Unfortunately for some time past we have been unable to get fully trained Health Visitors to replace those leaving.

To overcome this we introduced a Trainee Scheme about 7 years ago and suitable candidates have been engaged as Trainee Health Visitors and then sent off either to Glasgow or Edinburgh to attend the course of training for the Health Visitor's Certificate.

During their absence for this purpose the local authority pays a subsistence allowance and meets all fees. As a condition of this assistance the Trainee agrees to stay with the authority for two years after qualification. So far five Trainees have completed the course and qualified but one resigned on marriage and one left. At the end of the year our staff consisted of five qualified Health Visitors and two Trainees.

The Health Visitors carry out routine domiciliary visitation of all children and also give advice to expectant and nursing mothers. They also attend at the various child welfare and ante-natal clinics, assist at immunisation sessions and attend at the local schools in connection with the routine visits for diphtheria prophylaxis. They also carry out the nursing duties at other clinics held by the Specialist Officers of the hospital authority within the Burgh, and at the Dental Clinic on days when patients are having general anaesthesia.

It has not been possible so far to extend their duties very much more widely although regular visits are paid to an Old Person's Hostel owned by the local authority and assistance is always provided in specific cases on request, generally in co-operation with the hospital almoner services.

Apart from the steady increase in the actual volume of work falling upon the Health Visitors, the greater dispersal of the population in new housing schemes means that much more of their time, than formerly, is now spent on travelling and in walking between visits. Districts have been arranged so as to reduce this unproductive time as much as possible.

Every effort is made by the Health Visitors to guide and assist mothers in the care of their children and to educate them in the proper principles of their nutrition and upbringing.

A film projector was obtained during 1952 and increasing use is being made of informal talks and demonstrations to small groups in educational work of this kind.

The/





The intimate contact which the Health Visitors have with the homes also enables them to bring prominently to the notice of mothers all the facilities which are provided for the children's welfare.

This is notably so as regards diphtheria immunisation, the use of vitamin supplements and the care of the teeth.

Opportunities are given for attendance at suitable Refresher Courses for Health Visitors.

Details of the work done at the Clinics and by the Health Visitors will be found elsewhere.

Two other nurses are also employed by the Authority but their duties are purely in connection with infectious disease - particularly the domiciliary supervision of tuberculosis cases. They assist also at the Tuberculosis Clinics and undertake the nursing work in connection with the extension of B.C.G. vaccination to school children. These are both qualified Health Visitors.

Extra office accommodation for Health Visitors was provided on the upper floor of the building which the Town Council acquired in 1948 for adaptation as a Dental Clinic.

A further section of this building was taken over in 1957 to provide accommodation for records and stores.

The Superintending Nursing Officer organises and controls the work of the Health Visitors and other Public Health Nurses and also acts as Superintendent of Midwives and exercises a general supervision over the work of the Home Nursing Service.

The work of the Health Visitors continues to increase. The details of their home visits are given on the next page but despite the very large proportion of their time which had to be directed to extra work in connection with immunisation procedures their total visits were up by 3.6% compared with 1957.



HEALTH VISITING STATISTICS

No. of visits paid by Health Visitors during the year									
	Expectant Mothers		Children under 1 year		Children aged 1-5 years		Tuberculosis cases		Total Visits Paid
	1st Vis.	Total Vis.	1st Vis.	Total Vis.	1st Vis.	Total Vis.	1st Vis.	Total Vis.	
Health Visitors employed by the Authority	6	6	916	5,956	2,284	7,815	181	2,417	19,200
Health Visitors employed by Voluntary Organisations	-	-	-	-	-	-	-	-	-

Details of other visits noted above:

	1st Visits.	Total Visits.
Home Help Supervisory Visits .....	26	649
Immunising Visits .....	83	139
Supervisory Visits to Old Persons in Hostel .....	13	493
T.B. Contact Cases .....	230	1,163
Notifiable & non-notifiable diseases .....	259	333
Miscellaneous .....	92	229
	<hr/>	<hr/>
	703	3,006
	<hr/>	<hr/>



4. Home Nursing Service (N.H.S. (S) A. 1947. Sect. 25)

This section of the Act required the local health authority to set up a home nursing service "for securing the attendance of nurses on persons who require nursing in their own homes".

At the appointed day there already existed in Airdrie an organisation set up in 1897 and maintained by voluntary subscription which was known as the Airdrie & District Nursing Association.

The Association provided nursing services within the Burgh and also in the immediately adjacent landward area of the County.

The Town Council, therefore, considered that the most suitable way of discharging their responsibilities under this section of the Act would be to enter into an agreement whereby the Airdrie & District Nursing Association would provide such services in return for an appropriate financial adjustment.

This arrangement was initiated on July 5th, 1948. The Association discontinued its work in the County area and the three nurses employed became wholly employed on home nursing work within the Burgh. The arrangement has continued to work well during 1958 and the staff now numbers five nurses.

The total visits paid showed a decrease of 2% over those for 1957 but there were 6% more cases. A record is now being kept of the type of visits and a table is given showing the manner in which the nursing service is actually employed.

HOME NURSING SERVICE STATISTICS

	No. of cases attended	No. of visits paid to these cases
By Home Nurses employed by the Authority	-	-
By Home Nurses employed by Voluntary Organisations	585 (257)	17,223 (8,455)

(The figures in brackets show the number of the total cases who were over 65 and the number of visits paid to these).

Classification of visits

General Nursing Care .....	7,558
Injections only .....	7,354
Dressings .....	1,974
"Doctors orders" .....	307
(i.e. various special procedures).	

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17,223

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5. Domestic Help Service (N.H.S. (S) A. 1947, Sect. 28)

The provision of a home help service is one of the permissive sections of the National Health Service but it was apparent almost from the beginning that there was a demand for such facilities and that they could play a most useful part in alleviating hardship and distress, and indeed real domestic emergency which could not easily be assisted in any other way.

In our original scheme we undertook to start the service in February, 1949 with 4 domestic helps but this number quickly proved to be inadequate. Further expansion took place during 1950 from 18 to a total of 29, with a further increase to 67 at the end of 1957 and 62 at the end of the current year.

The demand appears now to have stabilised and has been around 65 for the past 4 years.

The cost to the authority is very considerable as many householders can contribute only a small weekly sum. The cost of the service continues to be a matter of concern to the Authority. No full-time home helps are now supplied unless in exceptional circumstances.

The Service, while nominally under the control of the Medical Officer of Health, is administered from day-to-day by the Social Welfare Officer who has the assistance of the Superintending Nursing Officer in the choice of the actual persons employed and supervision of their work.

So far there has been a satisfactory supply of suitable women anxious to join the Service.

DOMESTIC HELPS - STATISTICS 1958

(i)	No. of Domestic Helps employed at end of year	
	(a) Whole time .....	-
	(b) Part-time .....	62
	(c) Retaining Fee Basis .....	Nil
(ii)	No. of cases for which Helps were provided during year .....	133
(iii)	No of cases in (ii) dealt with on account of confinement	
	(a) At home .....	10
	(b) In hospital .....	1
(iv)	No. of cases in (ii) provided on account of chronic sickness including age and infirmity (Aged 99, Tuberculosis 3, Others 21)	123
(v)	X-ray examination of Home Helps (Tuberculosis households) .....	5



6. Vaccination and Immunisation, (N.H.S. (S) A, 1947. Sect.26)

Smallpox Vaccination

Arrangements are in force whereby the local Registrar hands every person registering a birth a leaflet stressing the importance of infant vaccination and the Health Visitors take every opportunity subsequently of urging mothers to have their children vaccinated either at the Clinics or by their own doctors.

Unfortunately, despite these efforts a large proportion of infants do not receive protection.

Vaccination Statistics.

Primary Vaccinations

(1) Typical vaccinia .....	260
(2) Vaccinoid reaction .....	-
(3) Reaction of immunity .....	-
(4) No Reaction .....	<u>13 273</u>

Revaccinations

(1) Typical vaccinia .....	25
(2) Vaccinoid reaction .....	70
(3) Reaction of immunity .....	40
(4) No Reaction .....	<u>3 138</u>
	411



VACCINATION STATISTICS 1958  
(Related to age)

Year of birth of persons	Number of persons primarily vaccinated during period					Number of persons re-vaccinated during period			No. of persons reported as showing actual or alleged complications
	Typical vaccinia greatest at 7-10th day	Accelerated reaction 5-7th day	Reaction greatest at 2-3rd day	No local reaction	Typical vaccinia greatest at 7-10th day	Accelerated reaction 5-7th day	Reaction greatest at 2-3rd day	No local reaction	
1958	147	-	-	9	-	-	-	-	-
1957	86	-	-	4	1	-	1	-	-
1956	2	-	-	-	-	1	-	-	-
1955	3	-	-	-	-	1	-	-	-
1954	2	-	-	-	1	1	-	-	-
1953	2	-	-	-	-	2	-	-	-
1952	-	-	-	-	-	-	-	-	-
1951	1	-	-	-	-	2	-	-	-
1950	1	-	-	-	-	1	1	-	-
1949	2	-	-	-	-	-	-	-	-
1948	-	-	-	-	-	2	-	-	-
1947	-	-	-	-	-	1	1	-	-
1946	1	-	-	-	1	-	1	-	-
1945	-	-	-	-	-	2	-	-	-
1944	-	-	-	-	1	-	-	-	-
1943 or earlier	13	-	-	-	21	57	36	3	-
Totals	260	-	-	13	25	70	40	3	-





### INFANT VACCINATION

Consolidated table for last five years to show percentage of infants who have been vaccinated.

Year of Birth	Successfully Vaccinated in					Total vaccinated in last five years	Approximate number in age group	Percentage Vaccinated
	1954	1955	1956	1957	1958			
1958	-	-	-	-	147	147	674	21.9%
1957	-	-	-	174	86	260	677	38.4%
1956	-	-	131	113	2	246	639	38.5%
1955	-	133	82	7	3	225	598	37.6%
1954	120	82	3	5	2	212	626	33.8%
	Totals					1,090	3,214	33.9%

### IMMUNISATION AGAINST TUBERCULOSIS

#### B.C.G. Vaccination

Reference to what is being done in this regard will be found in the section of the Report dealing with Tuberculosis.



## DIPHTHERIA IMMUNISATION

The public attitude to diphtheria immunisation is fortunately much more enlightened than to vaccination and very little difficulty is now experienced by Health Visitors in persuading parents to have their children treated.

Visits were paid to all the schools in the area and immunisation or re-immunisation of the pupils in attendance was carried out as required.

For children below school age a weekly immunisation clinic was held throughout the year and every endeavour made to ensure that mothers brought their children for treatment.

Where a child had not been immunised by its first birthday, a postal reminder was sent and special attention given to the case by the Health Visitor.

The tables overleaf give details of the actual work done during the year.

Until 1957 combined prophylaxis against whooping cough and diphtheria had not been offered to the public for a variety of reasons.

These were principally:-

- (a) Doubt as to whether whooping cough immunisation is completely effective.
- (b) Additional injection required might adversely affect the success of our present diphtheria immunisation arrangements. A good deal of follow-up of defaulters is already required when only two injections are being given.
- (c) To be of greatest value, whooping cough prophylaxis should be given very early in life. To give diphtheria toxoid so soon, runs the risk of indifferent immunisation results because of the carry-over of maternally bestowed antitoxin to the infant.
- (d) At the present moment only diphtheria prophylactic is supplied free.

In previous reports it had been remarked that some authoritative guidance from the Department of Health would be welcomed and this was in fact forthcoming on July 9th, 1957, by the issue of D.H.S. Circular No. 51/1957.

This Circular made several points which were of considerable assistance.

Attention was drawn, first of all, to the Medical Research Council Report on Inoculation Procedures and Neurological Lesions which showed that immunising agents which were free from alum were somewhat safer in use than those which contained alum. With this advice in mind the Department of Health therefore suspended the free issue of A.P.T. and P.T.A.P. antigens and instead made available supplies of Diphtheria Prophylactic Formol Toxoid (F.T.) and Diphtheria Prophylactic Toxoid-antitoxin Floccules (T.A.F.). In the latter half of the year all our diphtheria immunisation was carried out with these products.

The/



The Circular also referred to the Medical Research Council's Report on Whooping Cough Vaccines (B.M.J. 1956 II. 454) and endorsed the view that an effective plain pertussis vaccine could now be produced for use in the prevention of whooping cough. This matter is also dealt with elsewhere under the heading "Whooping Cough Immunisation".

Reference was also made to the use of combined antigens and it was recommended that, in general, antigens should preferably be used separately although it was recognised that the apparent greater safety of this had to be weighed against the drawback of having to subject children to more frequent injections.

During 1958 the work has been continued on the lines initiated in the latter half of 1957.

There is undoubtedly a preference on the part of the mothers of children attending for combined diphtheria-whooping cough immunisation and this has been given on a fairly large scale without incident. The use of combined antigens is undoubtedly now widespread both in clinic and private practice.





DIPHTHERIA IMMUNISATION

Return for year 1958 related to birth years of children treated (Clinic and Private Doctor returns aggregated)

Year of Birth	No. of children who completed a full course of immunisation during the year	Number of maintenance inoculations given during the year
1958	66 (28)*	-
1957	442 (164)*	-
1956	115 (35)*	-
1955	29 (7)*	-
1954	26 (3)*	-
1953	121	293
1952	67	97
1951	11	31
1950	5	26
1949	-	299
1948	-	130
1947	-	36
1946	-	27
1945	-	151
1944	-	125
1943 or earlier	-	36
	882	1,251

\* The figures in brackets indicate the numbers of children in each group who received their diphtheria protection as part of a combined procedure. These children are included again in the totals for whooping-cough and tetanus prophylaxis.



DIPHTHERIA IMMUNISATION

Health Department and Family Doctor returns shown separately.

	By Health Dept. at Clinic or School		By Family Doctor		Totals
	Initial Course	Mainten- ance	Initial Course	Mainten- ance	
Pre- School Children	480	-	198	-	678
School Children	204	1,244	-	7	1,455
	684	1,244	198	7	2,133



### DIPHTHERIA IMMUNISATION

Consolidated table for last five years to show percentage of child population recently immunised.

Year of Birth	Immunised or re-immunised in					Total protected with- in five years.	Approximate number in age group.	Percentage protected.
	1954	1955	1956	1957	1958			
1958	-	-	-	-	66	66	674	9.8%
1957	-	-	-	45	442	487	677	71.9%
1956	-	-	31	288	115	434	639	67.9%
1955	-	21	250	71	29	371	598	62.0%
1954	32	281	61	23	26	423	626	67.5%
1953	284	74	11	19	121	509	630	80.8%
1952	73	29	12	104	67	285	589	48.4%
1951	31	34	144	42	11	262	613	42.7%
1950	36	401	22	17	5	481	534	90.1%
1949	258	175	10	2	-	445	667	66.7%
1948	162	52	-	-	-	214	639	33.5%
1947	42	39	10	2	-	93	704	13.2%
1946	36	231	-	1	-	268	673	40.0%
1945	203	93	1	-	-	297	534	55.6%
1944	157	61	-	-	-	218	569	38.3%
Aged 0-15 Totals						4,853	9,366	51.89%

### WHOOPING COUGH IMMUNISATION

As a result of what was said in D.H.S. Circular No. 51/1957 about the proved efficacy of plain pertussis vaccines as now available it was decided to amend our Vaccination and Immunisation proposals under Sect. 26 of the National Health Service (Scotland) Act, 1947.

On September 12th, 1957, we received the formal approval of the Secretary of State to our proposals to offer whooping cough immunisation at our clinics and through the local general practitioners. This approval extended also to protection against tetanus.

The necessary prophylactic materials have since been made available free of charge to local doctors as well as being employed in our own work.

Total number of whooping cough immunisations carried out during year ..... 341.





## POLIOMYELITIS VACCINATION

Early in 1956 the Department of Health for Scotland intimated that supplies of a British Salk-type vaccine would be made available free of charge for use by local health authorities in protecting selected groups of children against poliomyelitis.

Later in that year and again in 1957 the scheme was extended to include older children, expectant mothers and certain priority groups of the population at special risk.

Up till the end of 1957 we gave at our various clinics a total of 3,626 doses of vaccine the numbers of persons who had completed a full course of 2 injections being 1,765. At the end of the year 2,234 additional persons were also registered and awaiting treatment. This number had largely accrued in response to further public appeals made in accordance with D.H.S. Circular 85/1957 which extended the offer of vaccination to all children under the age of 15, to expectant mothers and to certain priority groups.

The Departmental Circular explained that sufficient British vaccine would not be available for everyone who registered but that it was intended to augment supplies by the importation of Canadian or American Salk vaccine. Persons registering were therefore asked to indicate whether they were prepared to accept imported vaccine.

This complicated our arrangements considerably but in the actual event the numbers who insisted on receiving British vaccine only were comparatively small and the use of American vaccine did not really delay the work to any real extent.

In September, 1958, a further Circular was issued by the the Department (D.H.S. Circular No. 81/1958) which further extended the vaccination arrangements to include all persons under the age of 26 and in addition asking us to make arrangements for giving third or re-inforcing injections to all persons previously treated.

The poliomyelitis vaccination work overtaken in 1958 therefore resolved itself into

- (a) The treatment of persons previously registered in 1957.
- (b) The registration and treatment of additional groups of persons up to the age of 26.
- (c) Preliminary arrangements for third injections to be given to all previously given two injections. The actual treatment of these persons was not commenced until 1959.

With the extension of the scheme to older persons it became obvious that we could no longer hope to do the work exclusively through our Child Welfare Clinics. We had during the year installed additional and more accessible refrigerated storage space for our stocks of vaccine and we therefore invited the local medical practitioners to participate in the expanded scheme and to draw supplies of vaccine from the Clinic office as required. The response to this was good and all the practitioners have since participated in the work.

The numbers of persons actually vaccinated with two injections/



injections during 1958 were as follows:-

Children (6/12 - 15) .....	2,804
Young persons (15 - 26) .....	3
Expectant Mothers .....	54
Other groups .....	1
<hr/>	
Total .....	2,862
<hr/>	

The response from young persons and expectant mothers was poor but the position improved during 1959. The total number of children dealt with from the inception of the campaign in 1956 was 4,462 out of approximately 9,425 who were eligible, or a response of 47.4%.

Details of injections given.

	First injection	Second injection	Totals
Pre-School Children	881	870	1,751
School Children & older persons	1,675	1,942	3,617
Expectant Mothers	59	54	113
Totals	2,615	2,866	5,481



POLIO MYELITIS VACCINATION

Consolidated table to end of 1958

Year of Birth	Complete Course				Defaulted 2nd Injections
	1956	1957	1958	Totals	
1958	-	-	12	12	-
1957	-	-	198	198	10
1956	-	2	269	271	13
1955	-	3	268	271	17
1954	-	182	86	368	21
1953	-	196	115	311	14
1952	-	186	89	275	16
1951	-	168	86	254	23
1950	-	191	64	255	14
1949	-	246	79	325	19
1948	-	166	116	282	10
1947	-	147	186	333	5
1946	-	1	368	369	10
1945	-	-	296	296	10
1944	-	-	279	279	15
1943	-	-	289	289	21
1942	-	-	4	4	-
Older Persons	-	-	4	4	-
Expectant mothers	-	-	54	54	2
Unclassified	277	-	-	277	-
	277	1,438	2,862	4,627	220





7. Prevention of Illness, Care and After-Care,  
National Health Service (Scotland) Act, 1947, Sect. 27

(a) Tuberculosis

The tables which follow show that tuberculosis is still one of our major problems but the Mass Radiography Campaign held during the year made an important contribution towards its final solution.

In 1958 the number of confirmed notifications of tuberculosis of all forms was 42, of which total 39 had pulmonary disease, and 3 had various types of non-respiratory disease.

This compares with last year's figures of 20 pulmonary cases and 7 cases of various types of non-pulmonary infection.

The substantial increase in the number of notified cases of pulmonary tuberculosis reflects the success of the X-Ray Campaign in discovering new and unsuspected reservoirs of infection.

The death rate from pulmonary tuberculosis was .06 per 1,000 of the population representing 2 deaths. There were no deaths from non-pulmonary disease.

In 1957 the rates were 0.09 and 0.00 respectively.

The following table sets forth the position from 1938 onwards and is of interest in showing the trends of the disease over the past 20 years.

PULMONARY DISEASE - AIRDRIE BURGH

Year	Ten year Average 1938-1947	Ten year Average 1948-1957	1958
Notifications	25.7	34.7	39
Deaths	12.8	9.3	2
Death Rate	0.46	0.30	0.06

NON-PULMONARY DISEASE

Year	Ten year Average 1938-1947	Ten year Average 1948-1957	1958
Notifications	12.0	7.5	3
Deaths	4.6	1.8	0
Death Rate	0.19	0.06	0.00

The table overleaf is also of interest as showing a comparison between 1957 and 1958 for the whole of Lanarkshire including the other large burghs.



TUBERCULOSIS - LANARKSHIRE AREA

Comparative statement showing Incidence and Deaths for the Lanarkshire Area for the periods January - December, 1957 and 1958.

	Population 1958	INCIDENCE				DEATHS				
		Respiratory		Non-Respiratory		Respiratory		T.B.M.		Others
		1957	1958	1957	1958	1957	1958	1957	1958	
Lanark C.C.	325,400	526	397	45	41	53	53	3	3	1 1
Airdrie	32,800	20	39	7	3	4	2	-	-	-
Coatbridge	52,900	47	65	11	2	6	13	-	-	-
Hamilton	41,300	33	23	1	-	8	10	-	-	1 1
Motherwell & Wishaw	72,200	75	97	9	14	11	17	-	-	1 2
Rutherglen	24,400	49	45	1	6	6	3	-	-	-
Totals Lanarkshire	559,100	750	666	74	66	88	98	4	3	10 2
Overall	Increase - (Decrease -	-		-		10 = 11.3%		-		2 = 100
		84 = 11.2%		8 = 10.81%		-		-		-





As explained previously in paragraph A (page 10) the respective functions of the local health authority and of the hospital authority with regard to tuberculosis are very closely co-ordinated.

Until last year the Tuberculosis Physician had his office in the Health Department and all records were held in common. Unfortunately some disturbance of this arrangement took place in 1957. The opening of the new Out-Patient Department at Alexander Hospital with its section for tuberculosis resulted in the Tuberculosis Physician transferring his headquarters there. Nevertheless, he continues to keep closely in touch with our side of the work and we still maintain in the Health Department the main records relating to notified cases. Despite the transfer to Coatbridge the two Infections Diseases Nurses employed by the health authority staff the diagnostic and treatment clinics and also continue the visitation of cases and contacts.

Great stress is laid on case finding.

The diagnostic facilities of the weekly chest clinic are made most freely available to all the doctors in the area. Every effort is made to have all contacts examined and kept under supervision and a separate "contact clinic" is held in separate premises and at a different time from the regular tuberculosis clinic.

The next table shows the manner in which the notified cases of respiratory tuberculosis were discovered and brought under supervision.

It shows clearly the value of our Mass Radiography Campaign as well as the rewards of contact follow-up.

The "symptom-group" comprises those patients who attended or were referred for examination because they were already complaining of some symptom. The other categories comprise those cases who would not immediately have been discovered but for the active measures taken to find them.

Methods by which new patients were discovered to be suffering from respiratory tuberculosis

Symptom-group examination		16
Contact group examination		4
Mass Minature radiography (general public etc.)		19
Routine examination of Special Groups	School staffs	-
	National Service Recruits	-
	Emigrants	-
Total		39

A monthly B.C.G. clinic is now being held and tuberculin negative contacts are treated there by the Tuberculosis Physician. Children requiring segregation are accommodated in Arranview Children's/





Children's Home by arrangement with the Welfare Committee.

The only extra nourishment given to tuberculosis patients is milk. Vouchers are given to patients recommended by the Tuberculosis Physician and the milk is obtained from the customary milkman who renders to the Health Department his account accompanied by the voucher.

During the year 23 (30 in 1957) patients received free milk at a total cost of about £173. 8/-d. This is again a slight reduction. The cost in 1957 was £177.9/-d. and in 1953 about £600.

There has been little difficulty in securing hospital accommodation for cases of tuberculosis. No case, in need of active treatment has had to wait an unreasonable length of time for a bed.

There were no patients on the waiting list at the end of the year.



### AFTER-CARE

Proper housing is regarded as being of great importance in dealing with tuberculosis. Not only does it facilitate the care of the actual patient and contribute to his recovery but it helps also to reduce the amount of risk to other members of the household.

This has been fully recognised by the Town Council and arrangements are such that generally speaking, no case is sent home to unsuitable housing conditions. The Council's Housing Pointage Scheme is heavily weighted in favour of the tuberculosis patient and by co-operation between the Health Department, the Housing Department and the Sanitary Inspector's Department it is usually possible to make some satisfactory arrangement for such cases.

It is considered that the domiciliary work of the Tuberculosis Nurses is particularly valuable in the after-care of the tuberculosis patient and his family.

Her regular visits help to keep up the morale of the patient and she is able to play a valuable part in educating the household in the measures necessary to avoid further infection. Her influence is important too, in prevailing upon contacts to attend for examination and supervision and for B.C.G. vaccination should that be indicated.

She reports too, on the patients needs and recommends them for any necessary assistance in the way of bedding.

The council has arrangements for meeting such needs and during the year 3 patients received equipment amounting in value to £34. 7. 9d. The cost during the previous year was £23.4.2d.

Patients are also helped to obtain any additional National Assistance Board grants to which they may be entitled.

### Mass Radiography

During the year Airdrie took part in the National Mass Radiography Campaign inaugurated by the Secretary for State in March 1957. Two X-Ray units operated in the Burgh for a 5-week period from June 16th - July 4th. The response was extremely good and it was felt that the results fully justified the great deal of extra work which fell upon the staff of the Health Department and the efforts which were made by a large number of voluntary workers.

Without the assistance which was so freely given by many individuals and organisations and by commercial and industrial firms it would have been quite impossible to achieve the large scale and successful outcome which finally resulted.

A detailed Report on the Campaign with the results is re-published in an appendix to this volume.

The total cost of the Campaign to the Burgh was £586 but this of course does not include the operating expenses of the X-Ray Units which were borne from central funds.



B.C.G. VACCINATION

Group	Tuberculin-tested		Negative re-actors		Vaccinated during 1958	
	M.	F.	M.	F.	M.	F.
(1) Nurses	-	-	-	-	-	-
(2) Medical Students	-	-	-	-	-	-
(3) Contacts	135	155	62	71	47	58
(4) Special Groups						
(a) School Leavers	165	201	131	156	131	156
(b) New born Babies.	-	-	39	44	26	18
(c) Others	44	51	39	44	-	-

The number of contacts given B.C.G. Vaccination was rather less than last year.

The new-born babies tested and vaccinated were those born into households with a special risk and could perhaps more properly be classified as contacts.

We have not yet adopted a formal scheme for the B.C.G. Vaccination of all new born infants.

During 1954 we extended our provisions for B.C.G. Vaccination to include the systematic vaccination of children of school-leaving age and this scheme duly received the approval of the Secretary of State.

The children eligible each year are those who will reach their fourteenth birthday during the school year. This work was started during 1955 and has continued since.

With the ready co-operation of the Headmasters, lists were prepared of all the children in the appropriate age group and a letter explaining the proposed procedure was then sent to all their parents.

A form of consent was also enclosed for signature and return.

The response this year was not quite so good as previously.

Of the two schools involved the relevant figures for 1958 were as follows:-

	<u>Children</u>	<u>Consents</u>	<u>Percent- ages</u>
Central School, Airdrie	339	224	66%
Airdrie Academy	203	160	79%

In 1957 the percentages were 79% and 85% respectively.

The actual work of testing and vaccination was commenced when the schools resumed in the beginning of 1958 and the results are included in the table above. The overall percentage of negative reactors (i.e. those requiring to be vaccinated) was 79%







TUBERCULOSIS - STATISTICAL RETURNS, 1958.

Part I - RESPIRATORY TUBERCULOSIS

I. Number of cases formally notified for the first time or regarded as notified from 1st January, 1958 to 31st December, 1958.

	AGE GROUPS									
	Under 1	1 & under 5	5 & under 15	15 & under 25	25 & under 35	35 & under 45	45 & under 55	55 & under 65	65 & up-wards	Total
Males	-	-	-	1	6	2	3	5	2	19
Females	-	-	3	4	7	6	1	-	1	22
TOTAL	-	-	3	5	13	8	4	5	3	41

II. Number of cases confirmed to be suffering from active respiratory tuberculosis during the year

	AGE GROUPS									
	Under 1	1 & under 5	5 & under 15	15 & under 25	25 & under 35	35 & under 45	45 & under 55	55 & under 65	65 & up-wards	Total
Males	-	-	-	1	6	1	3	5	2	18
Females	-	-	3	4	7	6	1	-	-	21
TOTAL	-	-	3	5	13	7	4	5	2	39

III. Number of new cases in Table II admitted to Hospital for tuberculosis treatment for the first time during the year

	AGE GROUPS			
	Under 15	15 & under 45	45 & over	Total
Male	-	6	2	8
Female	2	11	1	14
TOTAL	2	17	3	22



HOSPITAL ADMISSIONS AND DISCHARGES (RESPIRATORY TUBERCULOSIS)

IV. Number of patients admitted to, discharged from or dying in Tuberculosis Hospitals, Sanatoria or wards in other Hospitals reserved for the treatment of the tuberculous

	In Hospital on January 1.	Admitted during the year	Discharged during the year	Died in Hospital	In Hos- pital on December 31.
<u>Under 15 yrs</u>					
Males	1	-	1	-	-
Females	-	2	2	-	-
<u>15-44 years</u>					
Males	2	6	6	-	2
Females	4	14	18	-	-
<u>45 years and over</u>					
Males	3	7	5	1	4
Females	-	-	-	-	-
TOTAL	10	29	32	1	6

V. Number of patients dying from respiratory tuberculosis in Hospital accommodation other than that reserved for tuberculosis patients

Nil.

WAITING LIST

VI. Number on Waiting List for Admission to Hospital at 31st Dec. (Respiratory Tuberculosis)

(Relating only to patients waiting more than two weeks)

Under 15	Males	-
	Females	-
Adults	Males	-
	Females	-
TOTAL		Nil.





Part II - NON-RESPIRATORY TUBERCULOSIS

VII. Number of cases formally notified for the first time or regarded as notified as suffering from non-respiratory tuberculosis during the year 1958.

	AGE GROUPS									Total
	Under 1	1 & under 5	5 & under 15	15 & under 25	25 & under 35	35 & under 45	45 & under 55	55 & under 65	65 & up-wards	
Males	-	-	-	1	-	-	-	-	-	1
Females	-	-	-	-	2	-	-	-	-	2
TOTAL	-	-	-	1	2	-	-	-	-	-

VIII. Number of cases confirmed to be suffering from active non-respiratory tuberculosis during the year (excluding transfers in)

Form	Sex	Under 1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65+	Total
1. Abdominal	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
2. Meningeal	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	1	-	-	-	-	1
3. Miliary	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
4. Bones & Joints	M	-	-	-	1	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-
5. Superficial Glands	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	1	-	-	-	-	1
6. Genito-urinary Organs	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
7. Other Organs	M	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-
TOTAL		-	-	-	1	2	-	-	-	-	3





Part III - ANALYSIS OF TUBERCULOSIS DEATHS

X. Number of persons who died from tuberculosis in the area during the year with the period elapsing between notification or intimation and death

	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Number of persons who died from tuberculosis of whom -				
Not notified or notified only at or after death .....				
Notified less than 1 month before death .....				
Notified from 1 to 3 months before death .....				
Notified from 3 to 6 months before death .....				
Notified from 6 to 12 months before death .....	-	-	-	-
Notified from 1 to 2 years before death .....	1	-	-	-
Notified over 2 years before death	-	1	-	-
TOTAL	1	1	-	-

Part IV - THE TUBERCULOSIS REGISTER

X. Return of number of persons resident in the area at 31st December, 1958, who were known to be suffering from tuberculosis

(Only cases in which a diagnosis of tuberculosis has been confirmed should be included. Persons in sanatoria, etc., should be included in the figures for the area in which they have their home residence).

Form	Sex	Under 1	1-5	5-15	15-25	25-35	35-45	45-55	55-65	65+	Total
Respiratory	M	-	1	-	11	19	19	24	15	8	97
	F	-	-	7	33	32	23	9	1	1	106
Non-Respiratory	M	-	-	1	3	2	2	-	-	-	8
	F	1	-	1	1	6	-	3	-	-	12



Prevention of Illness, Care and After-Care (cont.)

(b) Other Illnesses generally including epileptics and spastics

No organised arrangements have so far been made for the care and after-care of illness other than tuberculosis. The Council has, however, been supporting the work and interests of the Scottish Epilepsy Association.

(c) Convalescent Home Provision

The local authority does not maintain any convalescent homes.

(d) Care of Old People

(i) Homes or Hostels

During 1949 the Town Council acting as trustees of a bequest known as the Strain Trust and in terms of the bequest took steps to set up a Home for Old Men.

They acquired a mansion house known as "Rosemount", Forrest Street.

This was remodelled and equipped to provide accommodation for up to fourteen elderly men who each pay a fee according to their means towards the cost of their maintenance. A married couple were engaged and installed as warden and housekeeper.

The Home was formally opened on 12th October, 1949, by Mrs. Jean Mann, M.P., and is now known as Strain House in memory of the benefactor who left the bequest for its inception.

(ii) Hostel or similar accommodation

The Local Authority also possess one block of fourteen single apartment houses which are kept for old people aged 60 and over.

These, however, do all their own work and have separate kitchen and lavatory accommodation. There is a common bathroom.

These persons are, of course, all independent tenants living entirely on their own and conducting their own affairs.

Nevertheless, they occasionally present something of a problem when they fall ill especially if they do so suddenly.

As a result of past experiences the Burgh Factor became worried about the matter and in 1951 asked for the help of the Health Department.

It was arranged for one of the more active tenants to keep a register of everyone showing details such as next-of-kin and family doctor and to make a point of assuring himself unobtrusively each day that nobody is ill or in need of help.

He thus knows exactly whom to inform if anyone needs assistance.





In addition one of the Health Visitors makes contact almost daily so that her advice may be available to the unofficial "warden" and periodically she pays a fuller visit and sees all the old people.

Some time ago the authority also converted the old Burgh Fever Hospital in Wilson Street into twelve two-apartment houses which are reserved for old couples. They have separate cooking facilities, but there is some sharing of lavatory and bathroom accommodation. In some instances, sideboards, beds and other articles of furniture have been provided.

In a recent housing scheme at Craigneuk, provision was made for 55 2 apartment houses for allocation to old persons or married couples over 65 years and in the more recent scheme at Burnfoot there are 30 such houses. There are also 6 flats in Clark Street and more will be available in High Street when construction there is completed.

#### (iii) Housing on Medical Grounds

Special consideration is given to persons who submit that they require priority for housing because of their medical condition.

During the year 68 such cases were specially examined by the Medical Officer of Health and full reports submitted for the information of the Housing and Town Planning Committee. The investigation of these cases is very time-consuming and the advice to be given to the Committee often occasions much anxious consideration.

The number dealt with was more than 50% greater than in 1957.

#### (iv) Home Helps

In terms of the Authority's Home Help Scheme any old person is eligible for such assistance as may be required.

#### (v) Old People's Clubs and similar organisations

The Veterans Association have a club-room in the Central Public Park. This is provided by the Town Council.

There is an Old Age Pensioners Club in Callon Street with premises maintained by the pensioners themselves.

An Old Age Pensioners Club meets in premises owned by the Town Council in Forrest Street.

A scheme run by voluntary subscriptions in Dunrobin village provides treats for old folk at Christmas and New Year and 'bus runs during the summer.

The Clarkston Miners' and Community Welfare provide somewhat similar facilities and entertain some 3-400 old people, and Rawyards Social Club is active on a smaller scale.

The Town Council provided a very successful day sail to Largs and the Kyles of Bute during the summer.

(vi)/





(vi) Charitable Bequests and Endowments

There are a number of charitable bequests directed towards the welfare of old people. These are the Airdrie Female Benevolent Society and Jane Nicol Bequest which distribute small sums of money and given general welfare attention by means of voluntary workers.

The Scottish Branch of the British Red Cross Society is also active.

The Town Clerk administers a number of endowments, the income of which is spent upon the provision of coal both to old people and to necessitous cases during the winter months.

(vii) Airdrie Old People's Welfare Committee

Airdrie Old People's Welfare Committee was established in 1951 and is representative of all voluntary organisations in the town. As in former years an old people's club held meetings in the Community Centre every Friday except during the holiday season. In October the meeting place of the Club was transferred from the Community Centre to the West Parish Church Hall. In 1955 a similar venture was started in the Craigneuk area, the meeting place being Craigneuk Church Hall.

Another club which was opened in Clarkston Church Hall has been discontinued owing to poor attendances. This was tried in accordance with the policy of endeavouring to provide club facilities reasonably near to the homes of the old persons but apparently they preferred to come to the main centre.

The general objects of the Committee are to provide such services as are not available under the ordinary schemes of Social Welfare and another development during 1956 was the inauguration of a "Meals on Wheels" Service.

This started during the early months of 1955 and in 1956 had developed to a point where 30 old people were being supplied with a full three-course meal twice per week. Since then there has been some falling off in demand and the average is now 16-17.

The meals are prepared at the School Meals Cooking Centre in Hallcraig Street and placed in insulated containers. These are taken out by van and members of the W.V.S. on a rota basis go with the van and serve the meals to the old people in their own homes.

A charge is made of 1/-d per meal. Owing to the dependence on the School Meals Centre the service does not operate during the school holidays.

There are also arrangements for visiting lonely old people at home.

The finances of the Committee are derived from donations and from regular voluntary subscriptions derived from a "Penny-a-Week" fund.

(viii) Chiropody Service

Facilities for chiropody treatment are available through the Old People's Welfare Committee. Old People in need of such treatment are referred to private practising chiropodists in the town and the costs are met by the Committee. A development during 1957 has been an extension of these facilities to persons who are confined/



confined to the house and who are unable to attend for treatment at the chiropodist's surgeries. The local branch of the British Red Cross Society has assumed the responsibility of paying for domiciliary visits to these cases.

The chiropody service as a whole has developed very considerably and the number of persons assisted each month has averaged 94 during the year. This however was less than last year's figure of 141.

(d) Prevention of Home Accidents

A booklet dealing with the prevention of home accidents was prepared and the distribution commenced during 1958.

There is not at present any Home Safety Committee in the area nor any formal liaison with the Royal Society for the Prevention of Accidents. The latter body, however, is very helpful in providing posters and leaflets.

There were 3 home accidents with fatal results. All occurred in young children. The details were:-

Accidental Suffocation	2.
Salicylate poisoning (Aspirin tablets)	1.

This was the same number of fatal cases as last year.

The problem of home accidents is discussed further on page 73.



8a - Control of Infectious Disease

The year was free from any serious outbreak of infectious disease and the notifications were down by about 100 despite the increased number of cases of tuberculosis discovered as a result of the Mass Radiography Survey.

There were 5 cases of poliomyelitis and 4 of these had some paralytic symptoms.

There was one case of puerperal fever which ended fatally.

There were no reported cases of food-poisoning.

Annual Notifications

The table given overleaf shows the actual number of confirmed cases of various diseases which were notified during 1958 with the figures for the five previous years shown in parallel columns for comparison.





ANNUAL NOTIFICATIONS OF INFECTIOUS DISEASES

1958 COMPARED WITH FIVE PREVIOUS YEARS

	1953	1954	1955	1956	1957	1958
Cerebro-spinal Fever	4	3	2	2	-	4
Continued Fever	-	1	-	-	-	-
Diphtheria	-	-	-	-	-	-
Dysentery	33	19	19	5	12	3
Encephalitis						
Lethargica	-	-	-	-	-	-
Erysipelas	5	7	7	4	3	4
Acute Infective						
Jaundice	-	-	-	-	-	-
Malaria	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-
Acute Influenzal						
Pneumonia	5	2	2	1	12	2
Acute Primary						
Pneumonia	63	58	60	49	52	35
Other Pneumonias	-	-	-	-	-	-
Poliomyelitis (Acute)	3	2	1	1	4	5
Puerperal Pyrexia	-	-	-	-	-	1
Puerperal Fever	1	1	1	-	-	1
Scarlet Fever	70	67	65	29	126	48
Smallpox	-	-	-	-	-	-
Tuberculosis						
(Pulmonary)	46	50	27	24	20	39
Tuberculosis						
(Non-Pulmonary)	10	6	1	4	7	3
Typhoid Fever	-	-	-	-	-	-
Paratyphoid A	-	-	-	-	-	-
Paratyphoid B	-	-	-	-	-	-
Typhus	-	-	-	-	-	-
Cholera	-	-	-	-	-	-
Chickenpox)not locally						
)notifiable	-	-	-	-	-	-
Measles )	-	-	-	-	-	-
Whooping Cough	168	104	-	83	33	28
Food Poisoning	-	-	-	6	-	-
	408	320	186	208	269	173



## 8B. INFESTATION

Only two cases of scabies were reported during the year.

The Infectious Diseases Nurses, however, devoted attention to certain other contagious skin diseases.

These were:

Ringworm .....	1 case.
Impetigo .....	4 cases.

A total of 30 visits were paid in connection with the treatment of these cases.

Infestation with lice is a problem which comes more directly under the notice of the school health authorities and the problem has not otherwise been a matter for concern.

## 9. MENTAL HEALTH SERVICE

NATIONAL HEALTH SERVICE (SCOTLAND) ACT, 1947 - Sect. 51.

The Health Committee is now responsible for the administration and general application of the mental health services of the Burgh and the resulting duties are carried out jointly by the Medical Officer of Health and the Welfare Officer under the general supervision of the former.

The Welfare Officer has been nominated Authorised Officer and his assistant is also available to act in a similar capacity when required.

The Authorised Officer is responsible for taking any necessary action under the Lunacy and Mental Deficiency Acts. He arranges for the removal to hospital of patients suffering from mental illness and he receives notice of their discharge. He supervises mental defectives from the Burgh who are under official guardianship and he carries out or arranges for their official visitation. Medical visitation is done by a local general practitioner on a fee per case basis.

He also supervises patients discharged from mental hospitals who reside within the Burgh.

### Mental Illness

During the year 33 cases of mental illness were admitted to hospital, 8 of whom were certified.

At 31st December, 1958, 72 cases of mental illness were being cared for in institutions and 4 cases at home.

### Mental Deficiency

During the year 2 new cases of mental deficiency were certified.

At the end of the year 16 cases of mental deficiency were under treatment in institutions and 16 were being cared for at home or boarded out.

### Voluntary Association for Mental Welfare

During/





During 1952 the local branch of the Scottish Association for Mental Health was revived and some tentative discussions were held with a view to ultimately establishing an Occupation Centre and developing a system of home visitation. Little progress was made, however, principally because it proved impossible to find suitable premises. Since the illness and subsequent death of the local chairman the activities of the Association have languished.

There had, however, in 1955 been a re-awakening of interest in the problem of the handicapped child and the work had received a fresh impetus from the Scottish Association of Parents of Handicapped Children.

In January the Secretary wrote to the local authority saying that the Association proposed to start a small class for such children on two afternoons per week. A member of the Association who was herself the mother of a handicapped child offered to provide accommodation for the class in her house and another lady who had for many years been employed by Lanarkshire Education Authority agreed to give her services voluntarily as a teacher.

The main difficulty in starting the class was the expense of transporting children to the meeting place and the Town Council, therefore, agreed to make a quarterly subscription to the funds of the Association sufficient to defray the taxi charges incurred in collecting the children and conveying them to and from the class.

The Association continues to make use of premises made available in the Old Manse of Flowerhill Church, thanks to a generous gesture on the part of the Managers of that Church.

A large room there was decorated, furnished and equipped by the Association, mainly from funds which had resulted from a very successful local bazaar.

The Association is now providing facilities for older handicapped children and adolescents, and is serving a most useful purpose.

The attendance varies somewhat and some of the younger children were accepted for the Education Authority Centre at Langloan. The total roll, however, was approximately 2 juniors and 10 seniors.

The Association continues to be very active and it is hoped that the venture may be gradually expanded.

#### 10. NURSERIES & CHILD MINDERS REGULATIONS ACT, 1948.

No applications were received under the provisions of this act and no certificates are in force.

#### B. School Health Service

For Airdrie Burgh the School Health Services are at present administered and carried out by Lanarkshire County Council in terms of their statutory duties under the Education Acts.

Discussions/





Discussions have been held in the past with the other Lanarkshire Burghs with a view to securing some integration of the School Health Services and the Child Welfare Services, either by the Education Authority arranging to delegate some of their functions as happens elsewhere in other large burghs in Scotland, or otherwise. Some measure of agreement with the principle involved was reached amongst the Burghs but approach to the County Council has so far been unproductive.

C. Port Health Administration

Not applicable.

D. Food Supply

(1) Milk

The year's work in relation to the milk supply is fully discussed in the Report of the Sanitary Inspector.

No special circumstances in connection with outbreaks of milk borne disease were brought to light during the period under review.

(2) Ice Cream

Details regarding the control of this commodity will also be found in the Report of the Sanitary Inspector.

(3) Meat and Other Foods

Reference should be made to the Sanitary Inspector's Report.

(4) Clean Food

The importance of clean methods of food handling and preparation has been stressed at talks given during the year.

(5) Food Poisoning

See under Infectious Diseases.

(6) Nutrition

An important part of the Health Visitors duty is to see that children are properly fed and to urge that both they and their mothers should take advantage of the vitamin supplements made available by the Ministry of Food.

The uptake of these products leaves a good deal to be desired.

E. Miscellaneous/



## E. Miscellaneous

### (1) National Assistance Act, 1948

#### (a) Provision of establishments under the Act and their medical supervision

The Town Council have set up and now maintain a home for old men.

This is called Strain House and is partially supported by Endowment.

Each resident calls in his own doctor as required. There is no special medical supervision by the Local Authority.

#### (b) Registration and inspection of disabled or old persons homes (Sect. 37)

There are no homes in the area other than those under the control of the local authority.

#### (c) Removals (Sect. 47)

No action by the local authority was required.

#### (d) Care of Property (Sect. 48)

No action by the local authority was required.

#### (e) Burials (Sect. 50)

No burials were carried out by the local authority through the Welfare Officer.

#### (f) Welfare Services (Sect 29)

No special welfare services at present come within the purview of the Health Department.

### (2) Nursing Homes Registration (Scotland) Act, 1938.

With the extension of the Burgh boundary during 1951 one Nursing Home, previously registered by the County of Lanark, passed to the supervision of this local authority.

This was the only Home registered in the Burgh and it was given up in 1954.

During 1956, however, approval was given to the provisional registration of a nursing home for the accommodation of chronic sick. During the year the necessary adaptations to a former mansion were completed and the Home was opened on June 24th by His Lordship the Right Reverend J. D. Scanlan, D.C.L., B.L., Bishop of Motherwell.

The Home is conducted by the Irish Sisters of Charity. It is excellently equipped and provides extremely satisfactory accommodation and nursing for approximately 10 chronic sick patients

### (3) Health Education

The Scottish Council for Health Education again gave us assistance in planning and executing various Health Education Projects.

Public/





Public film shows and lectures held in Cinemas have generally proved disappointing, not only in Airdrie but elsewhere. They are also very expensive and the Scottish Council for Health Education have withdrawn assistance of this kind and it is now concentrating on giving somewhat similar shows to small "preformed" audiences.

By a "preformed" audience is meant some existing organisation such as a Women's Guild or Youth Fellowship which meets regularly and has an arranged syllabus of lectures.

During 1958 three such meetings were held, the speaker being Dr. Mearns on each occasion.

These meetings have at least been more satisfying from our point of view than the large public film shows, as the audiences are interested and keen to initiate discussion, but they do not, of course, reach many people and those who do attend are not the sections of the population who are most in need of education.

The Health Visitors have also given regular informal talks to mothers attending the clinics. In these talks, use is made of film strips and we are gradually building up a library of suitable strips for use in this educational work.

In connection with the Mass Radiography Campaign the Medical Officer of Health gave a lecture and showed films to over 30 organisations. Various members of the Town Council also spoke about the objects of the Campaign and appealed for volunteers as opportunity arose. This assistance was very valuable and most successful in arousing public interest.

### Special Health Education Projects

#### (a) Smoking and Lung Cancer

In Circular No. 47/1957 the Department of Health drew attention to the special report of the Medical Research Council on tobacco smoking and cancer of the lung. The conclusions of the Medical Research Council were that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the past twenty-five years was that a major part of it was caused by smoking tobacco particularly of cigarettes.

The Department invited local health authorities to take appropriate steps to bring this authoritative opinion to public notice.

It was suggested that the Town Council might give a lead to the citizens by imposing a ban on smoking at their own meetings and by forbidding it at places of public entertainment under their own control but these ideas were not agreed to.

We have, however, obtained supplies of posters on the subject and these have been displayed in offices, schools, doctor's waiting rooms and various public places.

Leaflets have also been distributed to scholars in senior schools.

It is doubtful if these measures have made much impact on/





on public opinion and there appears to be a real need for a large scale national campaign organised and promoted by the central authority, particularly as the Tobacco Manufacturers Standing Committee on the subject is actively engaged in trying to minimise the available evidence. The trend of its views can perhaps be sufficiently indicated by one quotation which it cites to the effect that "the general findings definitely disprove a single simple striking cause and effect relationship between cigarette smoking and lung cancer."

In Airdrie during the year there were 10 deaths registered as being due to malignant conditions of the respiratory tract. All occurred in men between the ages of 45-75.

#### (b) Prevention of Accidents in the Home

In 1957 the Department issued Circular No. 32 dealing with the prevention of accidents in the home. The Town Council agreed certain local measures with regard to propaganda and to instruction by the Health Visitors but in addition it was also decided to explore the possibility of setting up a Joint Committee on the lines of the Lanarkshire Road Safety Joint Committee in order to co-ordinate efforts to reduce Home Accidents. It was felt that the evidence of such a Committee would facilitate the collection of data about the problem and help in making more extensive efforts to bring its importance more forcibly to the public notice.

Several meetings were held with the object of securing the approval of the various Lanarkshire authorities and consideration of the idea extended into 1958.

Unfortunately it proved impossible to secure general agreement and in April the County Clerk wrote to the Council expressing regret that the County Council could take no further action in the matter owing to the refusal of certain other Town Councils in the County area to co-operate.

It was therefore left to the Health Department to continue arrangements for as much publicity as possible to be given by Health Visitors and through Child Welfare Clinics.

This has been done and in addition a Home Safety Handbook has been produced and distributed to the extent of some 3,000 copies.

Copies of this have been made available to teachers of Domestic Science in the Secondary Schools.

In the autumn we also took part in the "Guard that Fire" Campaign. Posters were displayed and postal matter distributed by the Council was overprinted with the emblem and slogan supplied by the Scottish Information Office.

#### F. General Sanitation

No matters of special interest arose during the year under this heading.

Reference to the water supply and sewage disposal arrangements will be found on pages 3 and 4.



SUPERANNUATION

A total of 22 persons were medically examined for the purposes of the Superannuation Scheme.

SCHOOL CROSSING PATROLS

Four persons were medically examined as to their suitability for employment as a School Crossing Patrol.

D.H.S. CIRCULAR No. 101/1950

Fifteen examinations were carried out under the provisions of the above circular.

MILK AND DAIRIES

FOOD AND DRUGS

HOUSING

FACTORY ACT, 1937

These matters are reported on in detail by the Sanitary Inspector, information regarding them will be found in his report.

The following information regarding factories is, however, included here to comply with the requirements of the Statute.



FACTORIES ACT, 1937

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1958

FOR THE BURGH OF AIRDRIE

Prescribed particulars on the administration of the Factories Act, 1937

1.

Inspection for purposes of provisions as to health (including inspections made by Sanitary Inspector)

Premises (1)	M/c line No. (2)	Number on Register (3)	Number of Inspect- ions (4)	Written notices (5)	Occupiers prosecuted (6)	M/c line No. (7)
(i) Factories on which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	1	49	14	-	-	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2	149	124	7	-	2
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers premises)	3	8	4	-	-	3
Total		206	142	7	-	6

2. Cases in which Defects were found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars (1)	M/c line No. (2)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (7)	M/c line No. (8)
		Found (3)	Remed- ied (4)	To H.M. Inspect- or (5)	By H.M. Inspect- or (6)		
ant of cleanliness (S.1.)	4	3	2	-	-	-	4
vercrowding (S.2.)	5	-	-	-	-	-	5
nreasonable temperature S.3.)	6	-	-	-	-	-	6
nadequate ventilation S.4.)	7	-	-	-	-	-	7
neffective drainage of floors (S.6.)	8	-	-	-	-	-	8
anitary Conveniences (S.7.)							
a) insufficient	9	-	-	-	-	-	9
b) unsuitable or defective	10	10	2	-	-	-	10
c) Not separate for sexes	11	1	-	-	-	-	11
ther offences against the ct (not including ffences relating to Outwork)	12	-	-	-	-	-	12
Total	60	14	4	-	-	-	60

e. Electrical Stations (Sections 103 (1), Institutions (Sections 104) and  
ites of Buildings Operations and works of Engineering Constructions (Sections  
07 and 108)







OUTWORK

Nature of Work	M/c line No.	Section 110			Section 111		
		No. of out-workers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecution
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
ing rel ng, etc.	13	1	-	-	-	-	-
Total	13	1	-	-	-	-	-



APPENDIX

MASS RADIOGRAPHY CAMPAIGN

Airdrie - June 16 - July 4th, 1958

Report on the Organisation and Conduct  
of the Campaign and its Results

1. General

On February 21st, 1956, the Department of Health for Scotland issued a Circular (No. 8/1956) in which it was explained that the Secretary of State had had under review the measures which had been taken in recent years to combat respiratory tuberculosis, and that as a result he felt that the time had come to tackle the disease in Scotland on a nation-wide scale by way of a two-year campaign starting in March, 1957. He invited local authorities, hospital boards and other interested bodies to co-operate in these new and intensive measures to seek out and treat all undetected cases of tuberculosis. The main element in the campaign was to be the organisation of community-wide mass radiography surveys on a far larger scale than anything previously attempted.

This Circular was considered by the Health Committee at its meeting in March, 1956, and it was agreed to co-operate with the Department and to undertake preliminary discussions as to the organisation of a campaign in Airdrie.

The next step was a meeting of all the Medical Officers of Health from the areas selected for the Campaign in order to discuss a provisional programme. This meeting was held in St. Andrew's House on June 27th, 1956, under the chairmanship of the Chief Medical Officer and the details of the proposed programme were adjusted.

Two Mass Radiography Units were thus allocated to Airdrie for the period of June 16th - July 4th, 1958. With these dates in view a preliminary reservation was made of the Lesser Town Hall.

2. Progress of the National Campaign

The Campaign opened in Glasgow on March 11th, 1957, and continued for 5 weeks. Thirty X-Ray Units were in operation. There was very good national publicity initiated by a message from the Secretary of State. This was backed up by intensive local effort, and the end-result greatly exceeded expectations.

The favourable public response was maintained through the remainder of 1957 culminating in Aberdeen in October and November of that year.

The second year of the Campaign opened in Edinburgh in March, 1958, with equally good results, and it became evident that there was increasing public acceptance of the value of the procedure. It was felt, therefore, that there was no reason why a comparable response could not be obtained in Airdrie provided steps were taken in good time to awaken the interest of the community.

A meeting of the Society of Medical Officers of Health was held in Edinburgh on January 26th at which Dr. Horne of Glasgow, Dr. Kelman of Perth and Dr. Thomson of Edinburgh explained what had been done in these cities to arouse local enthusiasm, and with their experience as a guide steps were taken from then on to organise the Campaign in Airdrie.

3. Preliminary Work/





### 3. Preliminary Work

Since experience elsewhere had shown that the success of campaigns depended largely on the amount of voluntary assistance which could be attracted, steps were taken to obtain promises of help from as many citizens as possible. The target set was 450.

The volunteers were required for two main tasks. There were about 8,000 separate houses in Airdrie and we wanted first of all to enrol sufficient persons who would accept the responsibility for about 20 houses each. They would visit these houses prior to the Campaign, distribute the "Householder's Letter", stress the importance of every adult in the house attending for X-Ray, and make a further two visits during the currency of the Campaign to see whether people had been to the Units and if not to reinforce their appeal.

A smaller number of volunteers - about 50 - were required for clerical and marshalling duties at the X-Ray Units.

The most fruitful source of these voluntary workers appeared to be the Guilds and other similar organisations, and all these were written to and asked to accept a speaker for one of their regular meetings.

A very good response was obtained and from January onwards the Medical Officer of Health attended at about 30 meetings. He generally gave a short talk about the aims and objects of Mass Radiography, then showed three short films entitled "Prevention is Better", "The Inside Story" and "X-Ray Inspector", and finally wound up by making an appeal for volunteers and distributing enrolment forms. Some members of the Town Council made similar appeals at meetings which they were attending or addressing - this assistance was most welcome.

Several of the ministers and priests reinforced these appeals with their personal endorsement.

The response to all this was not as good as had been hoped for and in fact it started only slowly and disappointingly, but enrolment forms came in with a rush nearer the campaign and in the end we had over 250 offers of help.

The British Red Cross Society and the local branch of the W.V.S. also gave valuable help.

### 4. Selection of Sites

The Town Hall was, of course, the only possible site for the main fixed unit but on 19th November, 1957, Mr. Scheidecker Organising Secretary from Edinburgh came through to Airdrie and spent a day with the Medical Officer of Health touring the town and inspecting possible sites for the mobile unit.

After these had been selected and bookings made it was possible to draw up a tentative programme.

Very great assistance was given us in this connection by the Deacons' Court of Jackson Church, Craigneuk, the Director of Education and by Ex-Provost Bonner on behalf of the Committee of the McKenna Memorial Hall.

### 5. Publicity/





## 5. Publicity

It was evident from our past experience and from Campaigns elsewhere that success depended on the widest possible publicity and much time and care was spent on this aspect of the project. The contacts made and the methods adopted were as follows:-

- (a) All the doctors in the town were written to and asked to give their support to the Campaign by urging their patients and members of patient's households to attend for X-Ray. They were also asked to display posters in their waiting rooms.
- (b) The Churches of all denominations were asked to disseminate information and material was supplied for a sermon or address on Sunday June 15th, together with pulpit announcements for subsequent Sundays.
- (c) The three cinemas in the town all agreed to screen a Mass Radiography film during the first week of the Campaign and also to show a "trailer" with local details during the whole three weeks.
- (d) A personal letter from the Health Department was delivered to every household in the Burgh amounting to about 9,000. About half of these were distributed by 200 voluntary workers, and a good deal of follow-up work was also done during the course of the Campaign. With the letter was also included a "Household Card" which householders were invited to complete, in order to show the names of those eligible for x-ray. This was designed to hang up in the home as a reminder until collected by the voluntary workers, and thereafter served as an index for the volunteer's district and a guide as to the houses requiring further visits. The remainder of the letters were distributed by Boy Scouts and Girl Guides whose services were generously made available by local detachments. Girl Guides also gave tremendous assistance with the preliminary work of preparing the letters for distribution. The keenness and efficiency of all these young people were most noteworthy.
- (e) A letter was sent to every shop, factory, office and similar undertaking in the Burgh asking that they should display the posters which were enclosed. About 500 such communications were distributed and from observation during the Campaign it was obvious that very good co-operation had been obtained. We had hoped, however, that the shops would display these posters in their windows but only a minority appeared to do this. In most cases they were displayed inside the shop. This seemed to be due to the difficulty in fixing up the poster. There would seem to be scope for bills gummed on the face so that they might be stuck to the inside of windows but although we asked for these they were not obtainable except as the small car-stickers. They are apparently much more expensive to produce than ordinary posters.
- (f) About 1,000 car stickers were distributed through garages and bus companies. These were widely used.
- (g) It was decided to try and exploit the friendly rivalry which has always existed between Airdrie and Coatbridge and to this end arrangements were made to show the relative progress/









### Mobile Unit

- (b) St. Serf's School, Thrashbush - June 24th and 25th  
2-4.30 p.m. and 6-8.30 p.m.
- (c) Clarkston P. School - June 26th.  
2-4.30 p.m. and 6-8.30 p.m.
- (d) McKenna Memorial Hall - June 30th and July 1st  
2-4.30 p.m. and 6-8.30 p.m.
- (e) St. Andrew's School, Burnfoot - July 3rd and 4th  
2-4.30 p.m. and 6-8.30 p.m.

The morning session was included at the request of Craigneuk Tenants' Association and was reluctantly agreed to by the Organising Secretary of the X-Ray Units. He said that it would not be a success and he was right. Personally we felt that it was a mistake not to open on Saturdays as well as the other week-days, but we were advised that this too would not be a success and it also introduced difficulties regarding the total hours that radiographers were allowed to work.

In addition to miniature work the Mobile Unit was also responsible for the large film examinations of recalls and these were done in the Basement Room of the Town Hall on the days when the Unit had no outside commitments, and this Unit also stayed on until July 9th to complete these follow-up examinations.

### 8 Prize Policy

We were advised by the Scottish Information Office that prizes were essential if a maximum public response was to be obtained. We were reluctant to embark on such a policy for various reasons but when a general appeal for contributions was issued by Coatbridge it was felt that some effort must be made to secure some support of this kind. We therefore, made some personal approaches in an endeavour to obtain 3 major prizes - one for each week of the Campaign.

Assistance of this kind was forthcoming as follows:-

M.R.S. Ltd.	- One 17" Television Receiver.
Scottish Gas Board	- One "Mercury" Gas Cooker.
South of Scotland Electricity Board	- One "Zephyr" Convector Heater.

We were most grateful for the generosity and public-spirit-  
edness of these donors. In addition Airdrie Merchants' Association very kindly donated 5 £5 Gift Vouchers, while Messrs. Stewarts & Lloyds gave £5 in cash. This money was converted into 60 small prizes principally sweets and biscuits and these were distributed by drawing lucky numbers at most of the X-ray sessions. The large prizes were drawn each week and presented at one of the local cinemas by a member of the Town Council. We were much indebted to the three local cinemas for co-operating with us in this matter.

### 9. Results of the Campaign

The public response was extremely good and much exceeded our expectations. Our original target was fixed with some misgivings at 12,000. As we had only reached a total of 5,649 in 1954 it was felt that we were aiming rather high. However, this pessimism was proved to have been unjustified and the ultimate number of persons x-rayed was 15,038.

After this figure was corrected for non-residents and persons under 14 the actual figure was 14,048 representing 59.67% of the population over 14 years of age.





10. Details of Results

Numbers examined

	<u>Resident</u>		<u>Non-Resident</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
- 14 yrs.	381	334	7	3
15-24	1,479	1,928	47	63
25-34	1,193	1,539	41	27
35-44	1,205	1,593	21	22
45-59	1,509	1,851	20	11
60+ yrs.	827	924	5	8
	<hr/> 6,594	<hr/> 8,169	<hr/> 141	<hr/> 134

Grand total 15,038

Provisional findings

	Males	Females	Total
Active Tuberculosis	10	6	16
Inactive Tuberculosis	19	16	35
Observation	46	34	80
Referred to Chest Clinic	75	33	108
Referred to Doctors	77	68	145



FINAL RESULTS

MASS RADIOGRAPHY - AIRDRIE SURVEY.

June/July, 1958

Active Pulmonary Tuberculosis	20
Quiescent Pulmonary Tuberculosis	47
Quiescent Pulmonary Tuberculosis and Diabetes	1
Healed Pulmonary Tuberculosis	53
Fibrotic Pulmonary Tuberculosis	2
Healed Pulmonary Tuberculosis and Knee	1
Healed Pulmonary Tuberculosis and Kidney	1
Healed Primary Tuberculosis	3
Chronic Bronchitis	6
Bronchitis and Asthma	3
Emphysema	2
N.A.D.	7
Atelectasis Right Lower Lobe Post-traumatic ,	2
Pneumoconiosis	31
Pneumoconiosis and Pulmonary Tuberculosis	3
Silicosis	5
Spontaneous Pneumothorax	1
Pulmonary Fibrosis - Minimal	10
Bronchiectasis	6
Radiation Pulmonary Fibrosis	2
Pleural Effusion and Spinal Tuberculosis	1
Old Pleurisy	4
Quiescent Pleural Effusion	1
Healed Tuberculosis Peritonitis	1
Inflammatory Condition	3
Retro-Sternal Goitre	5



Occupational Pulmonary Fibrosis	7
Previous Right Sub-Phrenic Abscess	1
Calcified Tuberculosis Gland - Mediastinal	1
Myocardial Insufficiency	1
Congestive Heart Failure - Hypertensive	10
Neurofibroma (Mediastinal)	1
Defaulters	6
Glycosuria and Hypertension	1
Hiatus Hernia	6
Obesity	2

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